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Communications.

THE PRESENT POSITION OF ANTISEPTIC PRACTICE.

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The advance and improvement in the practice of Medicine and Surgery for the past decade has not only equalled that of previous periods, but, as might have been expected, equals that of any other departments of Art and Science. Of all the improvements that have taken place during this time Antiseptic Practice is decidedly the most important. It marks, really, an epoch in the progress of our profession.

For this great boon let us never forget that we are indebted principally to M. Pasteur, who finally succeeded in establishing, after thirty years of tireless labor and marvelous scientific experimentation, his Germ Theory. One who reads in the original, or even in the translations of the conflicts which this man sustained, almost single handed, for more than thirty years, against the dogmas of the day, and against the fascinating "Ignus Fatuus" of Liebig, must be deeply impressed with the fact that Pasteur is one of the scientific giants of the 19th century.

By the assistance of the workers in the field of biology and pathology the germ theory has become an established fact, and is no longer to be placed in the domain of theory.

One of the first surgeons who was sufficiently advanced in Science to grasp the full import of the subject, and apply it in his practice, was the progressive Lister, of Edinborough, who fortunately persevered in spite of the jeers of his brethren, until success was won. It is much easier to sneer than to study.

Antiseptic practice is based upon the demonstration that putrefaction and decay are due to the presence and action of *living germs, or micro-organisms*, and upon the belief that many, if not all, of the contagious or infectious diseases are also due to the same cause. It consists in the use of such means as are calculated to destroy or exclude these germs as an element in disease and injury. The habit and methods of distribution of germs becomes at once one of the most important considerations, and should receive special study. While it may be admitted that many species of germs are constantly everywhere present in the air, it must be equally true that disease germs are not generally present in the air, but are very prone to confine themselves to limited localities; in other words, disease germs do not fly through the air so readily and extensively as is generally supposed. The more I have studied the subject the more apparent has become the fact that disease germs are for the most part carried by fomites, and as carriers of disease, liquids and solids are incomparably more to be feared than air. Why? Because rain and snow have considerable effect in precipitating them to the earth, and dry air desiccates them so rapidly beyond the point of vitality or propagation, as to be one of our best disinfectants. Germs do not seem to multiply when suspended in the air alone, but only when in contact with moist solids and liquids.

Air is not a good carrier of disease germs; they will not even pass from room to room in a house, if all the correct and proper antiseptic precautions are taken, as I have frequently proved by treating a case of contagious disease in a house where many young people resided without the disease attacking another person in the house. Notes of cases which I have prove that even the germs of small-pox will rarely cross a street, and even if they do it is probably through clinging to pieces of rag, paper, muslin, or insects, saturated with the discharges, and while light enough to be blown about by the wind, will, for a while, protect and foster the germs until they find lodgement in the system of some susceptible person.

While it may be admitted that some germs seem indigenous to certain countries—for instance, cholera and yellow fever, these diseases do not spread out through the air to other countries; they remain, if no sanitary efforts are made, in that locality for ages, and only follow the routes of commerce when they spread; in other words, are carried by solid fomites, or by streams of water; *e. g.*, typhoid fever. The habitat and method of spreading of the various contagions has, for many years, been to me an interesting study. I hope some of our pathologists will soon give us a special work on the subject.

Now, ordinarily, the air is free from the specific germs of disease, except in close proximity to a patient suffering from a contagious disease, or a "centre of infection;" and if the patient becomes affected sanitary science is becoming so accurate that the source can often be traced, and an uncomfortable responsibility, before unknown to the profession, is being thrust upon it. The visitors, the attendants, the physician, and his instruments, fall at once under suspicion; and I have already seen it asserted in prominent journals that a physician will be held responsible now at law in case of a complication of a septic character occurring in his patient where a proper regard had not been shown on his part for correct sanitation. Thus the responsibility is increased by the progress of knowledge and science.

The recent growth of the antiseptic practice is as rapid as the results are gratifying. Eleven years ago, when I was a student in the University of Pennsylvania, the germ theory was not taught in our colleges as a probably correct thing, or as essential to an understanding of the etiology or treatment of disease. It was ignored, if not positively opposed, by those who were then Professors of the Theory and Practice of Medicine, even by the learned Dr. Alfred Stillé; and I vividly recall the feeling of trepidation that seized me when I came before him for final examination, and saw in his hand my thesis entitled "Contagia," in which I had supported the germ theory, to the best of my ability. To my surprise, when I attempted to apologize, he showed me written on the essay, in his own handwriting, "Clear, logical and convincing; honorable mention," and gave his permission for its publication, but the then editor of *The Medical Times* refused to publish it on the ground that the "germ theory was not tenable."

In 1876, Professor D. Hayes Agnew had shown us at one of his clinics the elaborate method of Lister, and made some trials of it which were hardly considered entirely satisfactory, but were very encouraging.

Dr. Goodell, in speaking of the germ as a cause of disease, said, "We will not worry about the cause so long as we have the treatment." Dr. R. J. Levis soon after this time read a sarcastic poem before the Camden County Medical Society, about "one Lister, who carbolized wounds to a blister." All these professors now either teach the theory or endorse the antiseptic practice that has sprung from it.

At that time (ten or twelve years ago) there were, to my knowledge, only two men in the profession in New Jersey who seemed to understand and advocate the germ theory, namely, Dr. J. M. Ridge and Dr. Franklin Gauntt. Even so learned an authority as Dr. E. M. Hunt deprecated the theory, and declared before the State Sanitary Association, so late as the session of 1884, that the word "germ" was an unfortunate one, and should not be used as expressing the cause of disease, which was an unproved theory. He now declares before the same Society that communicable diseases may arise from hybrids, and he that would sterilize the system against the culture of this destructive plant-life (See Report of State Board of Health, 1886, page 231).

The methods by which a case may become infected are numerous and difficult to trace, and the profession has a great deal to learn on this subject. To illustrate this truth let me relate a few instances that have come under my own observation: Two or three years ago, in making a secondary amputation, one of the physicians picked up a sponge out of a pool of the gangrenous discharge, and mopped out the stump as I was about to close it again. Not long ago I met a physician in consultation in a most malignant

case of phlegmonous erysipelas. After he had squeezed from the numerous sinuses a great deal of thick pus he followed me to the door of the sick room, and with his hand unwashed and well smeared, took hold of my overcoat and rubbed his fingers down my bosom with decided pressure. I had the coat on at the time and I was afraid to wear it any more.

Again, a year or two ago, in consultation at the bedside of a child suffering with grave scarlet fever, one of the physicians, after throwing back the quilt, sat down in the bed and leaned on his elbow in it. He was rapidly making visits that day, and said there was a great deal of scarlet fever in his practice!

Again, not long ago, a physician consulting with me in a case of malignant scarlet fever, in a small room, with little ventilation, after being in the sick room about twenty minutes, put his hat on, filled as it was with the infected air, and started to make another call in the neighborhood, when I called his attention to the fact that he would let that hat full of infected air out into the next house he visited. He seemed surprised, and said he had never heard of such an idea, but he realized the possibilities.

Lately, again, I noticed a physician holding back the flaps in an amputation, although his finger nails were black with dirt.

Again, I was present and heard an old nurse say to a physician, who had her pour a long continuous stream of water over his hands as he washed them with carbolic acid soap, before examining a labor case, that she had always before seen doctors wash their hands in a basin, and after taking them out of the water thus contaminated, wipe them on a towel, and immediately make the examination. If the attention of teachers of our medical schools is properly directed to these things, the student will be taught to think of them. It should not be forgotten that in hospitals, and more especially in private houses, those who handle and work with the sick, with suppurating wounds or loathsome diseases, generally handle the chairs and furniture and door knobs, and especially the hand-railing in the stairways. The physician's finger is no longer positively aseptic after touching these things until it is resterilized.

I have now treated in private practice over three hundred cases of labor without a death, and only in one case was there marked septicæmia. I have also a record of eighty cases of compound fracture, with but one case of blood poisoning, and this case recovered. These favorable results I think are due largely to a constant regard for the principles of antiseptic practice.

Dirt is not necessarily infectious; it cannot be, unless it happens, which is not often the case, to contain the specific virus of a disease; and this explains why so many thousands of wounds made by dirty machinery, on dirty people, and treated by surgeons or people who know nothing of antiseptic practice, have got well without septicæmia.

Before the introduction of the antiseptic practice, 60 per cent. of the deaths in cases of compound fractures were due to blood poisoning, and the rate of mortality from blood poisoning is now said by Dr. Denis to be reduced from 60 per cent. to a figure which is represented by a cipher.

Here is a result worthy of the admiration of all mankind; a realization that startles even the most hopeful of the profession, and causes one's pulse to bound with pleasure. What attainment in all the annals of medicine has excelled this? Sixty per cent. of the death rate wiped away by the solid advance of science in a single but great department of surgery. Is this not glory enough for one decade? Let us mark the epoch and erect a monument which generations yet unborn shall look upon with grateful pride.

All the leading hospitals of the world have adopted the antiseptic practice, and a most complete and excellent system for its thorough application has been adopted by the Prussian Government for its army and navy, the application of which is obligatory. [1]

The adoption of the system is now absolutely necessary in private practice by any physician, who assumes the responsibility of a case, and this is the present position of antiseptic practice.

The following is a list of articles for an outfit for private practice recommended by Dr. G. H. Kirwan:

With reference to the cost of dressings, antiseptic dressings are in reality cheaper than ordinary wound dressings. The list here given contains all articles necessary for carrying out the principles and obtaining the extraordinary results claimed for antisepsis in wound treatment, and can be obtained at a cost of five dollars.

1. Bottle of compressed tablets of bichloride of mercury, each containing 7.3 grains, so that one dissolved in a pint of water will make the standard one to one-thousand solu-

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[1] See *Surgeon's Pocket Book*, Surgeon-Major J. H. Porter, 1887.

tion.[2] These tablets are readily soluble, and are much more reliable as well as more convenient than carrying a solution.

2. A soft rubber bag fountain syringe, capacity one gallon, with six or eight feet of hose attached with adjustable tubes.

3. Violin strings, to be obtained from any music dealer, four different sizes being all that are needed. They are saturated in oil of juniper for twenty-four hours, which removes the animal oil; then kept in a bottle of stronger alcohol, and saturated in the standard solution of bichloride when required for use, and are used for ligatures, sutures and capillary drainage. When needed for the ligation of large vessels they are made stronger and less readily absorbed, by treatment with chromic acid.

4. Cheese-cloth, sold cheaply by all dry goods dealers, saturated in the standard solution, and used for compresses and bandages.

5. Absorbent cotton, saturated in the standard solution and dried. There are many good makes.

6. An ounce or more of iodoform in an ordinary pepper box, for dusting, or as I use and prefer, one of the cheap insect-powder guns, sold in all drug stores.

Armed with the six articles I have just named, and which can all be carried in small compass in the ordinary bag, I am prepared to state from experience that for all ordinary uses in private practice the antiseptic principle can be successfully carried out, the entire practice, after all, being surgical cleanliness. Carbolic acid solutions are never absolutely required. Cutting instruments cannot, it is true, be immersed in the bichloride solution, but they can be effectually sterilized by immersion in boiling water, and the same is true of the needles used. I have omitted mention of the "protective" used by many, and though I have never observed irritation from its use, I do not use it, but it can be secured for a trifle, if desired. Capillary drainage is sufficient for nearly all wounds dressed antiseptically, and where tube drainage is desirable the tubes are easily sterilized.

—"To what do you attribute the curative properties of your springs?" asked a visitor at a health resort. "Well," answered the proprietor thoughtfully, "I guess the advertising I've done has had something to do with it."

[2] A one to three thousand is better; one to one thousand is too strong.

URETHRAL FISTULA; RELIEVED BY EXTERNAL PERINEAL URETHROTOMY.

J. W. HUFFMAN, ROANOKE, ILL.

In the REPORTER, August 6, 1887, is an article on an injury of the perineum and urethra, the character and features of which are somewhat like a case which occurred in my practice four years ago.

On September 5, 1883, I was called to see Wm. G., aged 13 years, who had been thrown from a horse the evening before, and had been struck on the perineum by the hoof of the animal. The parts in and around the perineal region were considerably bruised, and presented a blackened appearance, but with the exception of a slight cut on the scrotum, the skin was unbroken. The boy was unable, and he had been so from the time of injury, to pass his water, but a catheter was introduced without much difficulty, and a quart of bloody urine drawn off, after which he was enabled to empty his bladder at will.

On the 8th of September, four days after the reception of the injury, I was called to see him again, and found, about an inch from the margin of the anus, a fistulous opening in the median line of the perineum, through which he then voided his urine. After the bladder had been emptied at the time of my first visit, the boy had experienced no further trouble in that line until the evening of the 7th, when he found that a *portion* of the urine "trickled down his legs," and did not pass out through his penis. He thought it came from his anus, and his description was, that at first only a few drops passed through this unnatural channel, but at each succeeding urination the quantity passing through the fistula was increased, while the amount coming through the penis was correspondingly diminished until noon of the 8th, when all the urine passed through the perineal opening.

I endeavored to pass a catheter but failed, and notwithstanding the fact that various shapes and sizes of instruments were used they could be passed only up to a certain point which was near to the lower portion of the spongy part of the urethra. On the 15th, with the assistance of Dr. A. H. Kinnear, of Metamora, Ill., now of Henry, Ill., the boy was chloroformed and an attempt made again to pass a catheter into the bladder; but we failed as before, and were convinced that the urethra was permanently closed at the point above designated, and that an operation

would have to be performed to overcome the difficulty. To this the parents objected, hoping that time, that great doctor, would set matters right; but after waiting until Oct. 8th, one month after the date of the injury, they concluded that an operation was the only means of relief. Accordingly, at that date Dr. Kinnear and I performed the operation of external perineal urethrotomy. A staff was first passed into the urethra as far as the stricture and an incision made in the median line of the perineum as deep as the end of the staff, the external cut being an inch and a half long. Examination then showed that for more than an inch the urethra was completely closed, resembling a hard tense cord in feeling. An opening was made into the urethra at the external end of the stricture and the staff was withdrawn and a silver catheter passed in its stead, the catheter passing out of the urethra through the opening just mentioned, and around or external to the stricture. Some little difficulty was experienced in finding the inner opening into the urethra, through which the water escaped from the bladder, and which seemed to be about an inch and a half from the other end of the stricture, and directly under the arch of the pubic-bone, in the membranous portion. However, after some manipulation, the catheter entered the bladder and was allowed to remain four days, when it was withdrawn and a soft rubber catheter introduced instead, which was left there until the parts were nearly healed. No attempt was made to divide or lay open the stricture, the catheter passing entirely outside the urethra for more than an inch.

The external wound healed kindly, and perfect success followed the operation.

A singular feature in the case was the ability to pass urine for 72 hours before there was any discharge through the fistulous opening, while at the same time there was no infiltration of urine in any of the adjacent structures. *An interesting question relates to the growth of the new urethra around the catheter, that instrument being, as already stated, completely external to the urethra for more than an inch of its length.*

—At the meeting of the British Medical Association at Dublin, Dr. Thomas Bridgwater, of Harrow, was elected president of the council for the next three years. An invitation to visit Glasgow next year was accepted; and Professor W. T. Gairdner was appointed president-elect.—*Am. Ed.*

LIGATION OF THE THIRD PART OF THE RIGHT SUBCLAVIAN ARTERY EXTERNAL TO THE SCALENI MUSCLES, FOR ANEURISM: DEATH ON THE SEVENTEENTH DAY FROM ABSCESS OF THE SAC AND SEPTICÆMIA.

BY H. H. CLARK, M. D.,
Surgeon to St. Francis Hospital, etc., etc., Pittsburgh, Penna.

John Charlton, an Englishman, aged 65 years, laborer, was admitted to the surgical ward of St. Francis Hospital on May 29th, 1887, suffering from aneurism of the third part of the right subclavian artery. He was a man of small size, slender and of dark complexion; had never had syphilis, and lived a fairly temperate life.

About three years ago he called at my office to consult me in reference to a constant aching pain which he complained of, and which he located in the region of the right clavicle, extending down the entire arm. The pain was considerably aggravated upon any undue exertion, such as rapid walking, etc. I prescribed quinia and belladonna, thinking probably that he had an attack of neuralgia, and told him to come back in a week if he was not relieved. He returned at the appointed time, saying that "the medicine had done no good." I requested him to strip off his coat and shirt, and proceeded to make a more careful examination. I now discovered a well-defined globular tumor just above and near the centre of the clavicle about the size of a walnut. By firmly pressing upon it, a distinct thrill could easily be detected, removing all doubt as to the true character of the disease, viz., aneurism.

Having informed my patient of the dangerous nature of his malady, I advised him to take to bed for six weeks and undergo Tufnell's treatment, which is so well known to the profession that a description is unnecessary. He would not consent to the treatment, however, and I lost sight of him for over two years.

In November, 1886, he again made his appearance at my office, earnestly entreating me to do something to relieve his suffering, which had now become unbearable. The tumor had increased considerably since I last saw it, so that it was now about the size of a hen's egg, while the clavicle was also raised higher than its fellow. Being a poor man I advised him to enter the Western Pennsylvania Hospital, where he would receive medical and surgical treat-

ment free. He took my advice and entered said hospital, placing himself under the care of an eminent surgeon of that institution. He remained in the hospital fifty-two days, undergoing Dr. Tufnell's treatment, but without any benefit. Ligation of the artery was next proposed, but he would not consent to an operation, and left the hospital.

Four months having elapsed, he sent for me one day in great haste, and requested that I perform the operation at once, as he could bear the pain no longer. I consented and gave him a permit of admission to St. Francis Hospital.

Accordingly on June 2d, 1887, the patient was etherized and brought into the operating room before many eminent physicians, and placed in the usual position recommended for the operation. I commenced by drawing the skin down over the clavicle and making an incision about four inches long over the upper surface of that bone, dividing the integument, superficial fascia and platysma muscle. Continuing the dissection by means of the fingers and a director through the adipose and connective tissue, the outer edge of the scalenus anticus muscle was brought into view. After a little further dissection (in which Dr. Joseph Dixon assisted), which was rendered tedious and difficult by the displacement of the clavicle and alteration of the surrounding parts, we succeeded in finding the artery deeply situated in the neck. We then, before tying it, tested the effect of pressing the vessel against the first rib, and finding that all movement had ceased in the aneurism and radial pulse, we insinuated a plain aneurism needle previously threaded with ordinary silk under the artery; then withdrawing the needles tied the silk to the end of a chromatized catgut ligature, drawing it through under the artery, which we securely tied. The catgut was obtained at a music store and is called "Cello violin string D." The wound was closed with silk sutures and two pieces of the same catgut introduced into each end of the wound to secure drainage. An antiseptic dressing was applied and the whole secured with a bandage. The shoulder and arm were wrapped in cotton and hot bottles applied to secure warmth and prevent mortification.

2d day.—I visited the patient with Dr. Stewart, the house surgeon, and found him free from pain for the first time in two years; the pulse was 96, temperature 100°. Ordered 2 grs. of quinine three times a day, and morphia if necessary. The arm continued warm and pulseless.

4th day.—Pulse 104; temperature 101¾°. Removed drainage tubes and directed the daily washing of the wound with bichloride water, and iodoform applied externally.

8th day.—Removed all sutures, and found a slough of both edges of the wound about the size of a quarter dollar. Pulse 104; temperature 102°; patient weaker; continued quinine in larger doses (4 grs.), and added stimulants with a nutritious diet.

12th day.—Found the patient growing weaker and drowsy; wound suppurating freely; pulse 108; temperature 102°.

13th day.—Pulse 108; temperature 102°. Diarrhœa now set in and two bed sores were discovered over the sacrum.

15th day.—Pulse 112; temperature 102¼°; diarrhœa still continued; patient delirious and bed sores spreading.

16th day.—Pulse 140; temperature, 104°; patient sinking.

17th day.—Patient died at 4 o'clock, A. M.

Post mortem examination made five hours after death in the presence of friends, and Dr. Stewart, house surgeon.

Upon removing the clavicle, the sack, together with the surrounding parts, was found full of pus; the sack was probably ruptured whilst making the post mortem examination. The ligature was found encircling the artery effectually, but not changed in the least; this I noted particularly, for I had expected to find the ligature partially absorbed. The artery was brittle and readily torn asunder, which I attributed to its atheromatous condition.

Death was caused by septicæmia, superinduced by abscess of the sac.

VOMITING OF PREGNANCY.

BY J. E. FREE, M. D., BENEZETTE, PA.

Sometimes the most troublesome, obstinate, and least dangerous condition, which the physician is called upon to treat, is the gastric derangement peculiar to pregnancy. It was once my custom to run the gamut of remedies for sick stomach in a particularly difficult case, and if relief was not obtained, to treat the patient upon the expectant plan; the most masterly inactivity usually triumphs in the end; and although the patient may have been at the limit of her good nature, when labor is accomplished suffering is forgotten.

There are a number of specifics for the vomiting of pregnancy, but they have a

failed me in turn. When attention is directed to the intestinal function as well as to that of the stomach, the results of treatment improve. It is rational to suppose that so powerful a factor in a woman's life as conception should influence the whole, instead of only a part, of the alimentary canal.

Frequently constipation is the warning nature gives of a disturbance of the abdominal equilibrium. It was not always habitual, as at present, to regard the condition of the bowels; indeed it is possible to recall cases where prescriptions have been given, and nothing been known as to their action. When questioned upon this subject, a woman suffering from the exasperating sickness of child-bearing does not always supply reliable data upon which to base treatment.

Where there is any uncertainty in this particular, I usually prescribe calomel and ipecac, with perhaps gamboge enough to thoroughly evacuate the intestines, and if it be necessary, an enema is given daily to sustain the effect.

The following prescription has done good service after the bowels have been attended to:

℞ Sodii bicarb.....ʒ ij
Acid. hydrocyanic. dil.....ɱ xxxij
Syrup of lactopeptine.....q. s. f ʒ iv
M. S.—f ʒ j half hour before meals.

Orange juice is also a favorite remedy. In the winter of 1886 a patient who could tolerate nothing in the shape of food or medicine suddenly developed a taste for oranges. The appetite followed the taking of a teaspoonful of oil of rue. Instead of causing an abortion, and thus relieving the woman's suffering, it set up a sharp gastro-enteritis, which eventuated as stated. The effect of the fresh juice taken *ad libitum* was that of a laxative, and a most distressing case, which had taxed the skill and ingenuity of two physicians, was relieved as if by magic.

Recently a case of a different description has been under observation. The patient was thirty years old; she had the finest set of teeth I have ever seen in any person of her age, in spite of the fact that four years previously she was the victim of acute ptyalism, which made them loose.

For six months the patient had gastric irritability. At the end of this period there was an amelioration of this symptom, and by what seemed to be a metastasis, a sore mouth developed, which gradually assumed the character of a phagedenic ulcer. Her medical attendant at this time used local treatment entirely.

When she came under my care she was eight months gone in pregnancy. Her mouth was as filthy and stinking a thing as it is possible to imagine. The entire roof was involved, and pus was constantly dribbling from the lips. If she happened to turn on her back at night, the secretion from this surface would get into the stomach and cause violent attacks of retching and vomiting when she waked up. Her complexion was decidedly bilious, and she had not had a movement of the bowels for a week.

She was at once placed upon calomel and ipecac, although the history of former salivation made me hesitate for some time before giving it to her. Over the external surface of the nose there was an erysipelatous swelling which remained stationary, while the mouth healed up very kindly. While waiting to see what the sore on the nose was going to do, confinement occurred, and in spite of the prophecy of several wiseacres in the neighborhood, the child was a healthy male, weighing seven pounds, and did not have cancer of the mouth, or anything else abnormal.

It was my opinion that tr. ferri chloridi would cause the patch of erysipelas on the nose to disappear, but having been accused once of nearly killing a woman by the administration of iron and ergot in the second week of the puerperal state, I hesitated about giving it, just as with the mercurial. Finally, however, I banished my fears and gave the following:

℞ Potass. nitrat.....
Potass. chlorat.....āā ʒ j[1]
Antimonii et potass. tart.....gr j
Tr. ferri chlor.....f ʒ iv
M. S.—f ʒ j every four hours.

The improvement in the patient's condition was most satisfactory. And instead of a tedious getting up, the woman went about the house after the tenth day, and while before she was a quasi-invalid for several months she is now enjoying most perfect health.

If the improvement in this woman's condition had been postponed for a short time after taking the medicines prescribed, there would have been strong grounds for the supposition that it was nature which had accomplished the cure; but under the circumstances the treatment comes in for its share of the praise.

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[1] This dose of chlorate of potash seems large.—[Eds. Rep.]

Society Reports.

NINTH INTERNATIONAL MEDICAL CONGRESS.—WASHINGTON, 1887.

WEDNESDAY, SEPTEMBER 7.—GENERAL SESSION.

The address before the general meeting was delivered by Dr. Mariano Semmola, of Naples, Italy. Dr. Davis resigned the chair to Dr. Durante, the official representative of Italy at the Congress. The subject of Dr. Semmola's paper was

Bacteriology in its Therapeutic Relations.

After a few introductory remarks, the speaker affirmed that the primary object of medicine was to cure disease. The true test of medical progress is the answer to the question, Are many or few saved from death? Typical health and happiness are expressed in the old adage "*mens sana in corpore sano.*" But true medical progress is necessarily slow, and many false paths and many winding mazes have been followed from Hippocrates to the present time. Close and careful observation, combined with the experimental method of research, are the true ways of advancing medical knowledge. The aim of medicine is the aim of all branches of knowledge, precision. The experimental method is made up of three parts—observation, hypothesis, proof. Hasty hypotheses only retard progress. Scientific medicine concerns itself not with the causes of existence, but with its conditions, phenomena, manifestations. The physician should not aim to command nature, but to obediently follow her. The great scientists, Franklin, Stephenson, Daguerre, Edison, in becoming servants of nature, have learned how to use her powers.

Taking up the subject of Bacteriology, the Professor said that the first light was thrown upon it by Cagniard Latour in 1825. The investigations of Colin and Davaine in 1851, and by Pasteur in 1861, were productive of real progress. Rüdinger also demonstrated the limitations of growth of moulds. But withal, the bacteriology of the present day does not show the true experimental method of research. Many of the diseases in which bacteria are found are not caused by bacteria. If a phthisical patient were freed from bacilli, he would still die of phthisis. And while the discoveries of Lister have enabled us to shut out poisonous materials that would otherwise enter the body, we still cannot use Lister's success as an argument for the employment of parasiticides. Nor can we proceed from the destruction of germs out of the body to argue that the internal administration of antiseptics would meet with success. Moreover, a later school of experimenters, to which belong Nencki, Husemann, Gussenbauer, Kobert, Brieger, Georgi and others, have refuted the reasonings of the purely bacteriological experimenters. The sum of the whole thing is to preserve our health, and save our strength, and as a result, disease will be least apt to affect us.

After referring to the falsity of the modern practice of giving drugs to destroy germs within the body, the Professor closed with an exhortation to adopt correct principles of close observation, and to follow science in a true, catholic spirit.

Section in Therapeutics.

Dr. John E. Brackett, of Washington, D. C., read a paper on "Rhamnus Purshianus," which consisted of a botanical and chemical description of Cascara Sagrada. He gave the fluid extract twice daily in doses of five to fifteen drops, and thought it was curative in chronic constipation.

In the discussion which followed, Dr. Murrell differed from Dr. Brackett, while Dr. Phillips coincided with the author as regards the therapeutic value of the drug.

Dr. Ralph Stockman, of Edinburgh, read the next paper, upon "The Pharmacology of Some Bodies Derived from Morphine." The paper was a record of chemical experiments, still uncompleted, conducted by the author and Dr. D. B. Dott.

Dr. A. L. A. Toboldt, of Philadelphia, read a paper on "Carlsbad Mineral Waters."

He was followed by Dr. Geo. S. Hull, of Chambersburg, Pa., who read a paper on "The So-called Antiseptic Action of Calomel when Given in Large Doses." The author detailed successful results obtained from the use of calomel in large doses in epidemic dysentery.

Section in Anatomy.

The first paper was read by Dr. Jos. N. Dixon, upon "Anatomical Considerations in Regard to the Amputation and Disarticulation at the Ankle Joint by a New Method."

This consisted in making an incision in front of the line laid down by Syme, around the sole of the foot from malleolus to malleolus, and also an incision a little above the plane of the articular face of the tibia. The advantages claimed are a long plantar flap, shortening of the superior section, division of the malleoli obliquely, and preservation

of the bursa between the tendo Achillis and the head of the os calcis.

Of fifty-two cases operated on in this way there had been three deaths, one or two of which had had other injuries. The average stay in hospital was twenty-one days. The age of the patients varied between four and sixty-five years.

At the Afternoon Session, Dr. H. C. Bœnning, of Philadelphia, read a paper on "Destruction of the Offal of the Dissecting Room," in which he recommended as the most serviceable method the use of the Gregory furnace.

Section in Ophthalmology.

The first paper presented was by Dr. C. F. Hotz, of Chicago, Ill., on "Restoring the Normal Position of the Free Tarsal Border in Trichiasis."

Dr. B. Pitts, of St. Joseph, Mo., followed with a paper on "The Best Method of Operating for Entropion," in which he spoke of the advantages of electrolysis.

The next paper was by E. Landolt, of Paris, France. The subject of the paper was "Operation for Strabismus." Before operating, find out what the refraction and accommodation are. Obtain everything possible by non-surgical measures first. It is better to do too much in the way of cutting than too little. If divergence persist, the cut muscle can be advanced as late as the tenth or twelfth day.

At the Afternoon Session, Dr. Geo. F. Stevens read the first paper, on "Some Important Problems Respecting Insufficiency of the Ocular Muscles." The purpose of the paper was to suggest certain problems, rather than to explain their apparent contradictions.

Dr. J. F. Fulton, of St. Paul, Minn., followed with a paper on "Advantages of Early Operation in Strabismus."

Subsequently, papers were read by Dr. C. H. Abadie, of Paris, France, on "Faulty Eye movements, and the Means of Remedying Them;" by Dr. E. O. Shakespeare, of Philadelphia, on "The Strength of the Superior Recti Muscles as a Cause of Asthenopia;" and by A. G. Heyl, of Philadelphia, on "Abnormalities of the Visual Axis."

Section in Dermatology.

The first paper presented was by Dr. A. Ravogli, of Cincinnati, on "Lupus Erythematosus," in which the author stated that there was a true atrophy of the skin affecting all the layers, and that the cause of this was occlusion of the blood vessels and obliteration of them by pressure. He had found round bodies in the enormously enlarged epidermic scales, which he regarded as micrococci. These micrococci he considered causative.

Dr. Unna disputed the correctness of regarding these bodies as micrococci, though the presence of such parasites would no doubt be demonstrated some day.

The next paper was read by Dr. Ohmann Dumesnil, of St. Louis, Mo., on "Erythematous Lupus of the Hands," of which the author reported 45 cases. His treatment was lactic acid in the form of a paste.

"Contribution to the Knowledge of Impetigo Herpetiformis" was the title of a paper by Dr. Josef Zeisler, of Chicago, Ill.

Section in General Medicine.

The three papers presented before this section, were: "The Study of the Natural History of Disease," by J. A. Ouchterlony, M. D., of Louisville, Ky.; "Inebriety and its Treatment," by Dr. T. D. Crothers, Hartford, Ct.; and "Typhoid Fever," by Dr. Cisna, of Pennsylvania.

Section in Climatology.

The first paper presented was by Dr. A. Tucker Wise, of Engadine, upon "The Climate of the Swiss Alps, with Pulmonary Cases Treated at an Altitude of Six Thousand Feet." His paper reported twenty-three cases that had been improved by a residence of from one to sixteen months. This the author attributed to the pure dry air.

Dr. J. D. MacDonald, Inspector General of the Royal Navy, read the next paper on "Ground Air in its Hygienic Relations."

He was followed by Dr. P. H. Boyce, of Toronto, Canada, Secretary of the Provincial Board of Health. In his paper, which was entitled "House Atmospheres, or Artifical Climates," the author recommended good hygienic dwellings with plenty of sunlight.

Section in Dental and Oral Surgery.

The opening paper was presented by Dr. Pradère, of Lyons, France, upon "Phthisis Cured by the Continuous Application of Medicine to the Palate."

Dr. James Truman, of Philadelphia, moved that the paper be not accepted by the section, but be referred, without discussion, to Section I. in General Medicine. The motion was carried against the ruling of the chair that the paper should be accepted inasmuch as the Executive Committee had seen fit to admit it.

A number of highly successful clinics were then given; following these, a paper was

read by Dr. Metnitz, of Vienna, Austria, on "Osteomyelitis," in which the author reported two very interesting cases.

Dr. Jenison, of Minneapolis, then read a paper on "Art in Dentistry," in which the author advocated the restoration in gold of all teeth that had been destroyed by caries.

At the afternoon session, the following papers were read: "The Origin of the Dental Fibril, Illustrated by Aid of the Stereopticon," by R. R. Andrews, of Cambridge, Mass.; "Protective Dentine, Illustrated by Stereopticon," by Dr. Fletcher, of Cincinnati, Ohio; and "Photo-micrographs of all the Structures of the Tooth," by Dr. J. Howard Mummery, London, England.

Section in Gynecology.

Dr. Ernest W. Cushing, of Boston, Mass., read the first paper on "Cancerous Degeneration of the Hyperplastic Glands of the Cervix Uteri." The author felt obliged to differ from the statements of Ruge and Veit. He regarded even a series of adjacent glands whose lumina were filled with epithelium as adenomas. It does not become carcinoma until epithelial infiltration occurs in the connective tissue between the glands. Nevertheless the growth should be removed.

Dr. F. H. Martin, of Chicago, Ill., followed with a paper on "A Method of Treatment of Fibroid Tumors of the Uterus by Stronger Currents of Electricity based upon Exact Dosage." The writer praised the practice of Apostoli, of Paris. Dr. Martin has an original method of calculating dosage, experiments being cited which showed that a certain local effect may be expected at an active electrode of given surface from a definate strength of current passing for a certain length of time.

Dr. Thomas More Madden, of Dublin, read a paper on "Some Points in the Pathology and Treatment of Lacerations of the Cervix Uteri." The author desired to direct attention to lacerations of the cervix as the cause of one of the most troublesome forms of post-partum hemorrhage; and to the occasional occurrence of septicæmia as the direct result of laceratons of the cervix uteri.

Dr. Leonard Meyer, of Copenhagen, Denmark, then read a paper entitled "Contributions to the Pathology of Inflammation of the Lining Membrane of the Uterus."

Dr. Alfred C. Garrett followed with a paper on "Tumors of the Breast Treated by Electrolysis." His statistics show that out of 186 tumors treated since 1864, 157 disappeared and have not returned.

Dr. W. H. Weeks, of Portland. Me., read a paper on "Myoma in Pregnancy," in which he had been induced against his better judgment to bring on premature labor. His own wish had been to await labor, and if it were impossible for the child to be born, to at once perform Cæsarean section by Sänger's method.

Dr. Alexander Dunlap, of Springfield, Ohio, followed with a paper on the "Early History of Ovariotomy in America."

The next paper was read by Professor A. Cordes, of Geneva, Switzerland, on "Medical Topical Treatment of Uterine Cancer."

This was succeeded by a paper on "A New Theory and Treatment of Displacements of the Uterus by Electricity," by Dr. A. Lapthorn Smith, of Montreal; and one on "Some New Applications of the Induced or Faradic Current to Gynecology," by Apostoli, of Paris.

Section in Diseases of Children.

The first paper was presented by Dr. Cyrus Edson, on "The Milk Supply of Cities." The speaker urged that herds of cattle should be inspected at intervals in order to secure the destruction of animals suffering from tuberculosis.

Following this came a paper by Dr. Paul Redard, of Paris, on "The Treatment of Erectile Tumors by Electrolysis," for which treatment he claimed successful results in his own dispensary practice.

Dr. De Valcourt, of Paris, followed with a paper on "Sea-bathing as a Treatment of Tuberculosis."

At the Afternoon Session, Dr. Isaac N. Love, of St. Louis, Mo., read a paper on "Infantile Marasmus." He regarded a certain class of cases as not due to tuberculosis nor to syphilis or intestinal catarrh, but to inactivity of the glandular system, due in part to bad hygiene and in part to indiscretions in diet. The most important part of treatment is to arouse the secretions, for which purpose calomel in doses of $\frac{1}{10}$ grain is best. The mother's milk is the best food. In extreme cases, nutritive baths coupled with massage are recommended.

Dr. Wm. H. Day, of London, followed with a paper on "Some Observations on Headaches in Children and Their Relation to Mental Training." These headaches are due to mental overwork, and are not infrequently accompanied by refractive troubles of the eye.

The next paper was by Dr. Wm. D. Booker, of Baltimore, on "A Study of Some

of the Bacteria Found in the Dejecta of Infants Affected with Summer Diarrhœa." The author had found twelve different kinds of bacteria, eleven of which were bacilli. Their effects upon animals, as determined by post-mortem examination, were detailed.

Section on Military and Naval Surgery and Medicine.

Prof. Frederic Hyde, of Syracuse, N. Y., read the first paper, on "The Proper Treatment of Penetrating Wounds of the Joints."

The author recommended antiseptic treatment, but, in case suppuration occurs, free opening of the joint. Immobility must be secured by a plaster of Paris dressing.

A paper upon the same subject was read by Dr. Geo. L. Porter, of Bridgeport, Ct., which had especial reference to injuries of the knee joint.

At the Afternoon Session, the first paper presented was by Dr. W. S. Tremaine, U. S. A., upon the question, "Is Laparotomy for Gun-shot Wounds of the Intestines Feasible in Military Practice, and its Technique?" Also one upon "The Treatment of Penetrating Wounds of the Abdomen."

A paper upon "The Proper Treatment of Penetrating Wounds of the Abdomen" was read, in the absence of the author, Dr. S. T. Armstrong, U. S. A., by Dr. Smith, of the army.

The final paper presented was by Dr. Henry James, of Waterbury, Vt., upon "Non-fatal Penetrating Gun-shot Wounds of the Abdomen Treated Without Laparotomy." The author thought, as the result of his own experience in twenty-seven cases, that laparotomy was sometime performed when it was not necessary.

Section in Laryngology.

Dr. H. H. Curtis had the first paper, upon "Surgery of the Nasal Septum and Turbinated Bones."

This was followed by a paper on "Primary Erysipelas of the Larynx," sent by Dr. Massei, of Naples, Italy. It was generally agreed in the discussion that such disease exists, and some held that it is not so very uncommon.

Another paper, on "Twenty Years of Laryngological Work in the City of Mexico," was sent by Dr. F. Semeleder, of Mexico.

The final paper was presented by Dr. F. B. Eaton, of Portland, Me., on "The Present Status of the Galvano-cautery in the Treatment of the Diseases of the Upper Air-passages, Illustrated by Instruments and the Description of Cases." This author also being absent, the paper was read and the instruments were exhibited. The author recommended his instruments in preference to all others.

Section in Obstetrics.

Prof. Alexander Simpson, of Edinburgh, in opening the discussion in Cæsarean Section, said that he did not yet think we could set aside craniotomy for Cæsarean section. The latter, when performed, should be done by Sänger's method. When the uterus is diseased, he would employ Porro's method.

Professor August Martin, of Berlin, Germany, thought the Sänger operation a safe one, but also thought that it is now performed when version could be done.

At the Afternoon Session, a paper was read by Dr. J. A. Doléris, of Paris, France, on "Treatment and Surgical Restoration of the Cervix During Pregnancy." The author had operated with successful results in several cases. He advised the operation where there was danger of abortion without it.

Dr. Joseph Kücher, of New York City, followed with a paper on "The Relation of the Atmosphere to Puerperal Fever," which was an urgent plea for pure air in the lying-in chamber.

Dr. Thos. More Madden, of Dublin, presented a paper on "The Prevention and Treatment of Puerperal Septicæmia."

The following papers were also read: "A Study of Certain Questions in Connection with Puerperal Fever, with Particular Reference to the Use of the Intra-uterine Douche and Curette," by Dr. Ch. W. Earle, of Chicago, Ill.; "The Prevention of Puerperal Fever," by Dr. R. Lowrey Sibbet, of Carlisle, Pa.

Section in Surgery.

As the paper of Dr. Maclean, read the preceding day, was fully discussed at this meeting, we will present an abstract of it here, so that the paper and discussion may be read together. The title of his paper was "Three Cases of Laparo-Nephrotomy."

Case I.—Mrs. A., aged 25 years, presented herself with what had been diagnosed as an ovarian tumor. There was a cystic abdominal tumor about the size of the uterus at the seventh or eighth month of pregnancy. There was no history of renal trouble and no evidence that the tumor was connected with the kidney. The patient insisted that it had begun to grow from below. The operation was done with the expectation of removing

an ovarian tumor. The left ovary was found enlarged to the size of a goose-egg, and was removed. The large tumor was found to arise from the kidney, and it also was removed. The patient did well for a time, though suppuration, with the formation of an intestinal fistula, occurred; nevertheless she finally made a perfect recovery.

Case II.—Mrs. T., aged 40 years, presented herself with a tumor of the left side of the abdomen, which had been discovered six years previously. The enlargement had gradually increased. The tumor when first seen was too high for the ovary and too low for the spleen. The urine was normal. A diagnosis of tumor of the left kidney was made. It was decided to adopt the trans-peritoneal method of operating. A large cyst of the kidney was found. During removal it ruptured with the escape of a material like soft soap. The posterior layer of the peritoneum was brought together with sutures. The case did well until the eleventh day, when the temperature went up until it reached 104°. Examination showed fluctuation in the lumbar region. An opening was made, with the escape of a large quantity of pus. Symptoms of collapse followed this operation, but these were overcome, and the patient made a gradual recovery.

Case III.—A female infant, 22 months old. The family history was good. There was a tumor in the right hypochondriac region. This was moveable and free from tenderness and pain. Tumor of the kidney was diagnosed and removal recommended. The incision was made just external to the rectus muscle. No difficulty was experienced, and the operation was completed in seven minutes. The posterior layer of the peritoneum was closed with cat-gut sutures. For several days the case progressed favorably, but the temperature remained high. On the fifth day a careful examination was made to determine the cause of the elevated temperature. During the examination the child coughed and the abdominal incision gave way, allowing the intestines to escape. These were replaced, and a search failed to show the source of the trouble. The wound was reunited, but the temperature continued high, and the child died on the ninth day. At the autopsy the posterior layer of peritoneum was found united and in the space occupied by the tumor a small collection of pus was found surrounding the ligature on the pedicle of the tumor.

The speaker said that while the lumbar operation might be the safer there were cases in which the trans-peritoneal operation was preferable. These cases point to the necessity of securing efficient drainage, even though antiseptic precautions are adopted.

The discussion upon Dr. Maclean's paper was opened by Dr. Herff, of San Antonio, Texas, who said:

"I quite agree with Dr. Maclean that in suitable cases laparo-nephrotomy is the proper operation. Some years ago I had a patient, a young woman who was newly married, and when about two months pregnant she discovered a tumor on the right side, nearly as large as a child's head. She had no pain, and except that she had this tumor, she was in good health. The tumor, however, annoyed her very much, and she insisted on an operation being done. I therefore opened the abdomen in the median line and removed the tumor. The remarkable thing about the case was that the tumor which I had thought an ovarian one, proved to be the kidney and supra-renal capsule. From the lower end of the tumor, the lower part of the kidney was hanging, while the upper part consisted of the supra-renal capsule enormously enlarged, sections of which presented under the microscope the appearance of the long cells of myoma. The patient made a good recovery, and two years after the performance of the operation she was in perfect health. This, while a case of removal of the kidney, was also a removal of the supra-renal capsule, which made the case more remarkable to me, because I have never read of its removal for disease.

Dr. Dawson said: With reference to these cases I wish only to thank Dr. Maclean for his kindness in bringing them before the section. It is very interesting to look back a few years and see the advance in suagery that has taken place.

Dr. Hughes said: I have had precisely the same number of cases of kidney disease as Dr. Maclean, and I perfectly agree with him in everything save one, and that is the seat of operation. He seems to prefer the abdominal incision, while in all cases where it is practicable, I would give the preference to the side, between the ribs and crest of the ilium. My first case I operated on by means of the abdominal incision, the only way that I could do, as the tumor was so large a one that it could not have been brought through the opening between the ribs and the crest of the ilium. The second case was only a tumor about the size of the fist, and I operated in the space between the ribs and anterior crest of the ilium. I also operated on the third case by incising the lumbar region,

and from these last cases I got the best results, and also avoided opening the peritoneum.

Dr. Edmund Owen, of London, remarked: There are at least three factors which must influence the choice of the operation in each case: first, if there were doubts as to the exact nature of the tumor the anterior operation would be chosen, and second, if the tumor were very large, the anterior incision must be chosen. Lastly, there was the line of practice of the individual surgeon; the gynecological operator would naturally prefer the trans-peritoneal incision, even for a small tumor, because that is to a certain extent his own province, while the general surgeon would choose the space between the last rib and the crest of the ilium, because for some reason, rather undefined, he does not care to touch the peritoneum if he can avoid it. In a case of diseased kidney, which I removed successfully, I made the incision through the linea semilunaris.

Dr. Harden remarked: I had a case somewhat similar to one which has been related here. In my case I made the anterior section; but did not remove the tumor, on account of an enormous flow of blood, which would have become so alarming if we had attempted to separate the tumor from its connection, that I feared the patient would die; so all further operation was stopped. The tumor was shown after the death of the patient to be a kind of fibro-cystic tumor of the kidney.

Dr. Lange, of New York, said: In a large number of cases of tumor of the kidney where there exists fluctuation, we have to do with pyonephrosis of usually very large size. I have operated several times for the removal of the kidney, and performed both the anterior and posterior operations. In the small tumors and in some of the larger ones, I prefer to make a small lumbar incision, empty the contents of the tumor out as far as possible, and then wait until the remainder of the tumor lessens in size, which it will be very apt to do, so that it can be extracted through even a very small hole or incision. Sometimes in renal calculi I have performed laparotomy, or rather the operation in the lumbar region, and then, after making this incision, on placing these patients in bed lying on their stomachs on a pillow the kidney would float up when the wound was made, and could then be easily removed and the calculus extracted.

Dr. Maclean, in closing the discussion, said: There were very good reasons in each of the cases why I should choose the anterior operation; they were all too large for the lumbar incision.

Tumor of the Head, Probably Intra-cranial.

A patient with a tumor of the head was presented to the section, and was referred to a committee for examination. The committee consisted of Drs. Moore, Dawson and Brosseau. This committee reported that there was a large tumor of the head, five inches in diameter, occupying the tempero-parietal region, occurring in a man 35 years of age, and of twenty months duration. There was some headache; some blindness, greater on the right side; and deafness on the left side. The tumor was raised one inch above the surface. The committee believed that the growth was intra-cranial, causing expansion and partial absorption of the bones, while operation would hardly be successful. Still, as the case must progress to a fatal termination, it would be proper to remove a portion of the skull, and if the growth was outside of the dura matter, there would be a reasonable prospect of success.

Dr. M. H. Richardson, of Boston, next read a paper entitled "Gastrotomy for Foreign Bodies in the Œsophagus," in which he said that this operation was intended only for the removal of foreign bodies in the œsophagus, which had passed so far down as to be lodged near the cardiac orifice of the stomach. In regard to the length of the incision, it was not fixed; it might be only a very short one, or it might be made large enough to put the hand inside the stomach so as to reach up into the œsophagus, if that should be necessary, in order to extract the foreign body. The incision through the skin should be made over the cardiac end of the stomach, or might be made in the median line, but the incision through the walls of the stomach must be made at the cardiac end of the stomach. All the caution necessary in making this was to get the incision made without wounding the convexity of the lesser curvature of the stomach. In order to avoid this the better way was to put the lesser curvature on the stretch. After the opening into the stomach was made, instruments might be introduced for the dislodgement of the foreign body, or if they were insufficient the fingers and hand might be passed in, which would enable one to relieve the œsophagus of its burden. As to the scope of the operation, while it was chiefly applicable to the removal of foreign bodies, it might be useful in other ways, as its capabilities were considerable, as had been demonstrated by his experiments.

on the cadaver. He concluded that if the foreign body was lodged within six inches of the lower edge of the cricoid cartilage, it was best removed by an operation from the side or above, but if situated more than six inches from the cricoid cartilage, gastrotomy was the best thing to be done. He then exhibited a patient from whom he had removed a plate of false teeth by means of gastrotomy.

Dr. F. S. Denis, of New York City, then read a paper, the title of which was "Report of an Amputation at the Hip Joint for the Removal of a Sarcoma," in which he said that it was only by collecting the cases which occur from time to time and comparing them that we are able to advance our knowledge. This case was that of a young man, aged 17 years, who had no bad family history, and who had always been in good health until about five months prior to his admission to the hospital. At the time of his admission his weight was eighty-five pounds. Five months prior to his admission he had first noticed a dull pain in the thigh, and shortly afterwards he discovered a swelling in the thigh. He had had no fall or blow. About two months after the first appearance of the pain, the tumor was aspirated, and about two ounces of bloody fluid drawn off. The swelling was fusiform in shape, the skin purple, with large veins running over its surface, while the glands of the thigh and groin were much enlarged. The diagnosis was sarcoma of the femur, and amputation at the hip joint was suggested as the only means of saving life. This amputation was done, and the wound dressed antiseptically. The wound was entirely healed by the sixth or eighth day after the operation. After the patient left the hospital the wound re-opened a little, and discharged pus mixed with blood; this was found to be due to sloughing of the ligamentum teres, upon the removal of which the wound healed kindly, and the young man is now well.

Dr. Jasper J. Garmany then read a paper on "The Surgical Treatment of Epilepsy by Trephining," in which he related the case of a girl, about eighteen years of age, who had been struck on the head with a brick which fell from a house-top, causing fracture of the skull. The skull was trephined, and the splinters of bone removed, but some time after the wound had healed she began to have attacks of epilepsy, for which ordinary treatment was unavailing, so the doctor finally operated on her, with an entirely successful result. As a result of his researches on the subject, the author had found that lesions in the frontal and parietal regions are followed usually by the same symptoms, and that over fifty per cent. of the lesions in these regions are followed by epilepsy, which, later on, is complicated by insanity. Trephining at the site of the lesion and removal of the cicatrix is usually followed by complete relief.

At the Afternoon Session, the first paper presented was on "Fistula in Ano of the Horse-Shoe Variety," by Samuel Benson, M. D., of London, England. The object of the paper, as stated by the author, were: first, to point out that an important cause of the failure of the operative treatment of anal fissure is the presence of a coexistent horse-shoe fistula, left unrecognized and untreated; second, to define what is meant by a horse-shoe fistula and to comment upon the different kinds of horse-shoe or semi-circular fistula met with in practice.

Fissure is such a common complaint that doubtless cases have come under the notice of all present. This malady if taken early is very amenable to medicinal treatment, but in many cases, especially in females, the disease is allowed to progress for some length of time before it is brought to the notice of the surgeon, when some operative treatment then becomes necessary. There is a form of fistula, horse-shoe or semi-circular in shape, viz.: the blind internal horse-shoe fistula, which, though far more common than the complete horse-shoe fistula, is not referred to in any books that I have consulted. Some writers mention the blind internal fistula, which commences in an abscess, but the fistula referred to by the speaker does not commence in an abscess; it is merely a subcutaneous ulceration extending between and separating the mucous from the muscular coat of the bowel, just inside the anus, and usually arising in a fissure that has been of some months duration. A fissure that has been neglected or treated alternately by caustics and emollient ointments soon drifts on to the formation of a painful rectal ulcer, its base of an ashy gray appearance and the edges of the sore well marked.

While forcibly dilating the sphincter, it is quite possible that the mucous membrane may sometimes be torn from the sphincter muscle, especially around the parts near the anal ulcer and a sinus made traumatically; therefore when the patient is under an anæsthetic, an examination with a blunt-pointed probe should be made at the base and sides of the fissure before the sphincter ani is

interfered with. A blind internal fistula can then sometimes be demonstrated.

Horse-shoe fistulæ, as at present understood, are complete fistulæ, the external opening being situated on the opposite side of the bowel from the internal opening. This form of fistula is rare, having been found five times in 750 cases of rectal disease.

From these cases we gather that fistula in ano of the horse-shoe shape may be complete or incomplete. They may be complicated with prolapsus of the bowel. The most usual complication is anal ulcer. Sometimes polypus is also found. The average age of the patient is 35 years, males and females being attacked indiscriminately. The average number of days in bed is 14. If a correct diagnosis is made, the treatment consists of laying open the sinus and paring the edges with scissors, dividing or paralyzing the sphincter muscle and packing the sinus systematically with cotton-wool to prevent the edges sticking together, and thus getting the wound to heal from the bottom.

A paper by Arthur Norton, F. R. C. S. London, England, was then read by the Secretary in the absence of the author. It was entitled "Remarks on Rodent Ulcer of the Rectum." In it the author declares that there is an ulcer of the rectum, persistent, unyielding to treatment, advancing to complete stricture of the rectum, and usually appearing in a person after the age of 30 years. The ulcer begins immediately within the anus, but after a time extends and completely surrounds the rectum; it is accompanied by pain, which is not usually severe, and as the ulcer extends up the rectum, contraction takes place, with all the signs of stricture. Treatment by dilatation sometimes relieves for a time. From the clinical features of the disease, and the microscopical characters, the author was of the opinion that the disease was identical with rodent ulcer, and suggested that further investigation into its pathology be made.

The discussion which followed related to the treatment of fistulas in general, and was participated in by Dr. Foster, of Beirut, Syria; Dr. Quimby, of Jersey City, and Dr. Grant (Bey), of Egypt, who all related cases and agreed as to the proper method of treatment.

Dr. Grant (Bey) then read a paper entitled "Report of Some Cases of Liver Abscesses and Their Treatment," in which he expressed as the result of his experience, the opinion that in all cases of liver abscess we should first aspirate the abscess, and, if that was not followed by cure, then lay the abscess open by a free incision, and in extreme cases excise a portion of the ribs (one or more) over the site of the abscess, so that free access might be had for clearing out the abscess cavity thoroughly with antiseptics.

In the discussion which followed, Dr. Winslow, of Baltimore, Dr. Pascal, of Mexico, and Dr. Moore took part, and while all agreed as to the principle of treatment, each had his own particular way of arriving at the result.

Dr. Lewis H. Sayre then followed with a paper on "The Treatment of Psoas Abscess by Posterior Lumbar Incision," in which he strongly insisted on early and free posterior and anterior incision in these abscesses, to be followed by thorough drainage.

Dr. Edmund Owen, of London, opened the discussion which followed, and spoke long and earnestly, strongly deprecating "ostrich surgery" in these cases, and advising early opening of the abscess, with free drainage.

Dr. Sprengle, of Dresden, thought that in many cases there would be absorption of the pus if we waited for it, and if we opened the abscess it was best to do it with an aspirator or fine trocar.

Dr. Lange, of New York, spoke of the constitutional treatment along with the surgical, and thought that he would not open these abscesses if he could avoid it until after the acute stage had passed.

Dr. Chavasse, of Birmingham, England, thought it best to open these abscesses as soon as possible and give the sufferers a chance.

A paper on "The Removal of Sequestra by Solution in Acid," by Edmund Andrews, M. D., of Chicago, was then read. In this paper the author gave his experiments in detail, and related a number of cases in which sequestra had been removed by the use of acids, without operation. He recommends that hydrochloric acid be used of a strength a little weaker than the official dilute acid.

Section in Psychological Medicine.

Professor Mendel, of Berlin, read the opening paper on "The Origin of the Upper Facial Nerve."

Dr. E. A. Homan, of Helsingfors, Finland, then read a paper on "The Histological Alterations Following Amputations in the Peripheral Nerves, the Spinal Ganglia, and the Marrow." His conclusion was that the posterior nerve-roots had sensory function, inasmuch as the cell-group of the posterior

column atrophies when only the posterior roots were eliminated.

Dr. Otto presented a paper on "Nucleus-staining by Analine Dyes."

Dr. J. Langdon Down, of London, England, read a paper on "Cases Illustrating the Association of the Prow-shaped Cranium with Neurotic Disease."

At the afternoon session, the time was occupied with a discussion of "Syphilis in its Relations to Insanity," and subsequently the section took up the subject of "Insanity Due to Acute Syphilis;" "Syphilis Producing Epilepsy, with or without Insanity;" "Progressive Weak-mindedness," and "The General Pathology of Cases of Insanity with Syphilis."

These subjects were discussed at considerable length by Dr. Savage, of London, and also by Drs. Spitzka, Hughes, Channing, Hurd, Godding, Fergusson, and Gundry.

The section closed after Dr. Ingram, of Washington, D. C., read his paper on "Gun-shot-wound of the Spinal Cord."

Editorial Department.

Periscope.

A Form of Infectious Broncho-Pneumonia of Intestinal Origin.

At certain times, especially during the hot summer months and in November, Sevestre says attacks of pneumonia frequently occur in children 1 or 2 years of age, which are marked by a very typical course, and by a disposition to spread epidemically or endemically. The disease begins as a diarrhœa without fever; the stools are pretty numerous—six to ten a day—contain much undigested food and are particularly foul. After two to five or six days, cough appears and simultaneously fever, the temperature ranging generally between 102°–104° F. Physical signs show a bronchitis or broncho pneumonia. In mild cases the fever subsides after two or three days and convalescence begins. More frequently the course is a severe one, and a fatal issue very common. Death occurs with typhoid symptoms or in collapse. Before death, pemphigus-like eruptions often appear upon the skin. At autopsies are found signs of an intense enteritis in the large or small intestine, or in both together. In the diseased parts the solitary glands and especially Peyer's patches, are markedly swollen, but never proceed to the formation of true ulcers. Contrary to the condition in typhoid fever, the changes in the follicles are tolerably well developed throughout the whole small intestine.

The broncho-pneumonic foci are very small, almost always have their seat near the surface of the lungs, and their periphery is surrounded by a network of enlarged lymphatic vessels. The bronchial glands are always swollen. The spleen is not changed, but the liver is frequently in a condition of atty degeneration.

Investigation shows that for the most part the attacks have begun in dietary indiscretions, and the author thinks that the entire symptoms of the disease owe their origin to an infection arising from the intestine, and that the affection of the lung in particular is explained by extension of the poison from the intestine to the lung by way of the lymph vessels. The most effective medication is the employment of disinfectants by the mouth, and for this purpose calomel in doses of 1½–3 grs. a day is of especial service. *Centralblatt f. d. med. Wissensch.*, Aug. 13th, 1887.

Two Cases of Traumatic Hernia of the Diaphragm.

In one case a deep wound was inflicted with a pair of shears in the sixth left intercostal space in the mammary line, which wound had occasioned a diaphragmatic hernia. At the autopsy a coil of intestine was found in the left pleural cavity, which extended up to the second rib, while the lung was pressed upwards and backwards. At every breath of the patient a gurgling sound was heard, which was so loud that it was plainly audible outside of the room. In a second case in which the hernia had been produced by means of a stab in the same place, the same loud murmur was to be heard. —*Deutsche Medizinal-Zeitung*, August 22d, 1887.

Salicylate of Soda in Gonorrhœal Orchitis.

In a Paris thesis, salicylate of soda is extolled as nearly a specific in gonorrhœal orchitis. At the end of some hours there will already be a dimunition of the pain, which disappears completely a short time afterwards.

But it is in the acute cases of epididymitis accompanied by inflammation of the tunica vaginalis that the treatment is especi-

ally efficacious. It is without effect if the prominent symptom is inflammation of the cord.

Besides, in the cases treated by the salicylate, the resolution of the swelling is more rapid and can be attained in from eight to ten days, and after a day or two the patient can get up. The remedy is recommended for its simplicity and harmlessness.—*Revue Médicale*, June, 1887.

Therapeutics of Hyoscine.

Concerning the use and value of hyoscine, Erb (*Therap. Monatshefte*) reports that he has found the three salts of (H. hydroidicum, hydrobromicum, hydrochloricum) of about equal value, and that he has given them in doses of $\frac{1}{75}$–$\frac{1}{200}$ gr. Among its useful qualities, he shows that the remedy acts as an energetic check on the salivary secretion, and can be used with advantage as a temporary cure in salivation; that in many cases it is an effective hypnotic; that it is an especially useful drug in paralysis agitans, inasmuch as when given in small doses ($\frac{1}{75}$–$\frac{1}{125}$ gr.), it usually allows the patients the free use of their limbs for several hours, and in many stops the tremor for the time being. In spasms of single muscles, or groups of muscles, the remedy is of value. Caution must be exercised in giving the drug, as many patients possess a marked intolerance for it, and show poisonous effects even from small doses.

Liniment for Renal Colic.

℞ Chloroformi..... parts 15.
Ol. hyoscyam..... " 15.
Tr. op. camph..... " 5.
Ol. chamomili..... " 150.
M. Sig.—To be rubbed upon the belly.

RELIQUET. *Deutsche Medizinal-Zeitung*, July 21, 1887.

The Gastric Juice in Acute Poisoning by Phosphorus.

A dog which had been fed for a long time exclusively upon meat was poisoned with phosphorus, and when the toxic symptoms were strongly developed, pepper suspended in water was introduced into the stomach; and then after the dog was allowed to bleed to death, the contents of his stomach were investigated. In the latter were found a volatile acid .09, lactic acid 2.07, and hydrochloric acid 2.12 parts per thousand, although the glands of the stomach were in an advanced stage of fatty degeneration. Another dog, which on the sixth day after the poisoning, yielded suddenly to the poison, and showed marked icterus and severe degeneration of the stomach, liver, etc., had in the stomach a strongly reacting volatile acid, .03 per thousand, 1.12 hydrochloric acid and possibly some other vegetable acid. In both cases the contents of the stomach contained peptone and in an infusion of the mucous membrane, the fibrin continued pretty well marked. There is therefore also in lethal phosphorus poisoning, neither the stoppage of the production of hydrochloric acid nor of active pepsin. Upon stimulation, the mucous membrane of the stomach so severely injured by the phosphorus, responds by the secretion of a considerable amount of hydrochloric acid.—*Centralblatt f. d. med. Wissensch.*, No. 30, 1887.

Congenital Myomas.

Kolisko describes several small nodules in the heart of a boy two months old who died suddenly. Microscopic tests showed that they were tumors consisting transversely striated muscular fibres of a peculiar cavernous arrangement. In the literature the author found five parallel cases recognized as rhabdomyomas, though only three of these were actually parallel cases, while he sought to demonstrate that both the others were false rhabdomyomas. Proceeding from Cohnheim's theory of tumors, he busied himself with the investigation of the heart of embryos and found in a human embryo about four weeks old, a formation similar to that in his cavernous myoma of the heart. Thereupon the author concluded that the structure of rhabdomyoma corresponds with that of the heart muscle in the earliest stages of development, and that these tumors therefore, have a congenital origin.—*Centralblatt f. d. med. Wissensch.*, July 30, 1887.

The Relative Proportion of Sugar in Venous Carotid and Portal Blood of Animals.

Seegen's researches upon the production of sugar in the liver having been criticized by Dr. Abeles in a preliminary communication to the Society of Physicians of Vienna, Seegen repeated his experiments, using Stricker's method, with the assistance of Drs. Gaertner and Ikalowicz. The first seven experiments were made upon animals narcotized with chloroform, the last five upon non-narcotized animals. The author gives a tabular view of his experiments, and then gives the following as the first part of his results: 1. Without exception the venous blood of the liver contains more sugar than carotid or

portal blood. The average of seven experiments shows for carotid or portal blood .139 per cent. sugar, and for venous blood, .196 per cent. The difference in favor of venous blood is about 40 per cent. It is entirely proper that this difference should be less than that obtained by other methods. According to the first method the excess of sugar in venous blood was on the average 83 per cent., and according to the second method the excess of sugar in venous blood is 68 per cent. over the amount of sugar of the portal blood.—*Centralblatt f. d. med. Wissensch.*, July 30, 1887.

Treatment of Delayed Union in Fractures.

Dr. Helferich pointed out to the Congress of German surgeons the following procedure, designed to promote the formation of new bone.

It consists in applying a tube of caoutchouc circularly around the limb, beneath the seat of the lesion; the tube is moderately tight and is kept there for an hour at first, then gradually longer and longer.

The venous hyperæmia thus produced, occasions an ossifying periostitis, and increases the osseous regeneration. Besides the cases of pseudo-arthrosis and those in which the formation of callous is simply delayed after fracture, the method is applicable to the treatment of osteomyelitis and of necrosis, when the osseous regeneration is insufficient, and in fractures called spontaneous.

The author thinks that it ought to be tried likewise for the purpose of increasing the length of the bone after luxations or fractures that have healed with shortening. It is useful in infantile paralyses that involve shortening of the limb, but it is contra-indicated in tuberculous or benign affections of the bone and when there are extensive granulating wounds.

The constriction not being very great there is no reason to fear the development of varicose veins; besides the hyperæmia can be limited to certain regions by exercising compression upon the rest of the limb by means of bandages.—*Revue Médicale*, June, 1887.

Book Reviews.

Massage as a Mode of Treatment. By William Murrell, M. D., F. R. C. P. Lecturer on Pharmacy and Therapeutics, at the Westminster Hospital (London), etc. Third edition. 8 vo. pp. vi., 143. Philadelphia: P. Blakiston, Son and Co., 1887. Price, $1.50.

This book contains an interesting account of the history of Massage, some of which is rather apocryphal. This is followed by an account of the various movements included in this method of treatment and the way in which they are carried out. This account is far from elaborate, and one may realize how little the author would expect it to be considered complete when we say that it covers only twenty-three pages, and that the author declares that the art of massage cannot be acquired in less than two years.

Dr. Murrell is a strong believer in the value of massage, and describes in an enthusiastic and agreeable manner the way it should be carried out, the persons by whom it should be practiced, its mode of action, and the conditions to which it is applicable.

As a whole, this book is both interesting and instructive, and a careful perusal of it would correct some widespread errors as to what massage really is.

Surgical Emergencies, Together with the Emergencies Attendant on Parturition, and the Treatment of Poisoning. By William Paul Swain, F. R. C. S., Surgeon to the South Devon and East Cornwall Hospital (England), etc. Fourth edition. 8 vo. xvi., pp. 229. Philadelphia: P. Blakiston, Son & Co., 1887. Price, $1.50.

In examining this new edition of an old acquaintance, we find the previous excellent suggestions modified to a certain extent so as to bring them up to the level of the improvements which experience has suggested since the appearance of the first edition.

We observe that some of these improvements have been appropriated without that acknowledgment which their originators would probably be pleased to have—for example, Sayre's adhesive plaster dressing for fracture of the clavicle.

We doubt if Mr. Victor Horsley would altogether approve of the suggestions for the treatment of the wound in cases of trephining; and Professor Krönlein would probably wish to add something to the recommendation for the treatment of hemorrhage of the meningeal artery.

Notwithstanding these minor criticisms, we have no hesitation in recommending this book as likely to be useful in emergencies, and especially to practitioners who have not a large library.

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N. A. RANDOLPH, M. D.,
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GONORRHŒA IN WOMEN.

Authorities on venereal diseases are still at variance as regards the question whether gonorrhœa is a specific disease or not. On the one side it is held that gonorrhœa is a non-specific inflammation of the urethra or vagina, as the case may be, in no respect differing from an inflammation of the same parts produced by, for instance, the passage of a sound or the application of caustics; on the other side it is regarded as a specific inflammation, produced by a special micro-organism called the gonococcus, which has been isolated and cultivated, and with which, it has been claimed, a true gonorrhœal ophthalmia can be produced. These are the two extreme views of the pathology of the disease.

The Manchester *Medical Chronicle* has been publishing a paper, which is yet incomplete, upon Gonorrhœal Infection in Women. This paper is by Dr. W. J. Sinclair, who is Honorary Physician to the Manchester Southern Hospital for Women and Children, and it is an able and instructive clinical contribution toward settling the question just referred to. Dr. Sinclair asserts that, strictly speaking, there is no vaginal gonorrhœa, but that the disease attacks the uterus from the start. Therefore, in examining discharges for the gonococcus, specimens should be taken from the orifice of the urethra, from the neck of the uterus, and in exceptional cases, from the orifices of Bartholini's glands, and the case should be as recent as possible.

By far the most valuable part of the paper is that in which he shows the dangers which result to the woman from latent gonorrhœa in the husband. There is no doubt, in Dr. Sinclair's mind, that the disease in the male may be latent until evoked by excesses after marriage. Moreover, he thinks gonorrhœa may be latent in a woman also, and be transferred to her second husband after marriage. These are very important points for the doctor to bear constantly in mind. For while fear of the consequences will in all probability never keep a man chaste, yet we cannot help thinking that a man will have sufficient regard for the woman whom he has chosen as his future wife, not to marry until his physician can assure him that danger of infecting his wife is past.

The morbid changes that are produced in the uterus and appendages from slight chronic gleet or latent gonorrhœa are already well known, but from their importance deserve brief enumeration. They consist in a slowly progressing parametritis, which results in fixation of the uterus on one or both sides; and in a slowly progressing inflammatory process in the tubes, which occludes them and stiffens and binds down their frimbriated extremities. In other words, barrenness is the almost invariable sequel. Besides, the woman is doomed to a more or less continuous invalidism, with periodical exacerbations of distress at the menstrual periods.

If the infection occur in an acute stage of gonorrhœa, the woman may develop acute suppuration of the tube and ovary, with subsequent formation of abscesses, as the author shows from a reported case.

BURIAL OR CREMATION.

While some may think at first that the subject of disposition of the dead is beyond the province of the physician, he will on second thought see that from a sanitary point of view it may become of great concern to him, especially if he is a practitioner in a large city. As population increases, both the number of deaths increases, and at the same time the demand for ground for all kinds of building purposes. The commercial aspect of this question, however, is not one that we desire to speak of here, if, indeed, it can be successfully urged anywhere. But what effect has the presence of cemeteries upon the health of communities? This, according to Dr. Frederick Lowndes, in a paper read before the British Medical Association at its recent meeting at Dublin (*Medical Press and Circular*), depends largely upon the manner of the burial. Vaults and leaden coffins are to be unequivocally condemned, because they permit of the accumulation and retention of water. As the result of his experiences in witnessing the removal of portions of four burying grounds and the whole of a fifth in Liverpool, Mr. Lowndes declared that many of the churchyards of England were masses of boxed-up putridity, and that the dead could not be regarded as properly buried at all. He considered that cremation was, in a scientific point of view, the most perfect method of disposing of the dead, and was particularly to be commended during the prevalence of epidemics; but thought that public sentiment was so much against it that there was slight prospect of its being generally adopted very soon. Even if cemeteries are to be continued, much improvement can be gained in a sanitary point of view if the earth-to-earth system of burial is adopted. According to this system the dead are buried in wicker coverings instead of wooden or metal coffins, so that the body itself is sooner brought in contact with the earth and thus more quickly rendered innocuous. He considered it to be as ridiculous to condemn burial *in toto* as to condemn cremation *in toto*.

In the discussion that followed the reading of this paper, Dr. Duncan, of Glasgow, dwelt with especial emphasis upon the great danger of burying those who had died of dangerous contagious diseases, such as yellow fever, and, in animals, splenic fever. He admitted, however, that there was a serious medico-legal difficulty in the way of cremation as the authorized mode of disposing of the dead, which was that in the process of cremation, arsenic, antimony, mercury, and their salts all disappeared. If antimony or lead was combined with copper, it withstood the fire. As Dr. Roche subsequently remarked, the vegetable poisons would be so much the more likely to be destroyed, and thus cremation would remove all possible chance of detecting homicide by poison.

We may conclude from this that at present there are insuperable objections to cremation, but that it is proper to familiarize people with its advantages; and above all, that it is the duty of physicians to discountenance burial in vaults and caskets such as preserve bodies for a long time in a state of putrefaction.

—A paper upon the hygiene of water will be found in Harper's Magazine for October. Dr. Titus Munson Coan, whose special studies in connection with balneology rank him as an authority, writes of "The Curative Uses of Water" in all its medicinal forms. It is peculiarly refreshing to read from a physician that "of all curative agencies water is the readiest, and not the least effective," and that thermal waters as baths are "among the most valuable cures which the physician has at hand; they represent, indeed, with the adjunct influences of climate, exercise, etc., the highest potency of the curative uses of water." The tardy appreciation of these baths, especially for nerve diseases, has permitted Europe to greatly surpass this country in facilities for the water-cure resorts, although we have unequalled natural appurtenances for their use. The workings of these baths are explained and counsel given as to the best way of using hot, temperate, and cold baths, and thermal springs.

Notes and Comments.

Congenital Dislocation of the Hip.

Dr. J. T. Freeland, New York, writes as follows in the *Indiana Med. Journal*, September, 1887:

This is quite a rare deformity, for in a dispensary practice where new cases of articular cstitis of the hip are seen daily, an average of about one case of congenital dislocation of the hip is seen per month. The deformity is so marked and so characteristic that after seeing one case a physician can make a correct diagnosis without hesitation.

The following cases have come under my notice recently:

Elizabeth W——, aged thirteen years, was brought to the dispensary by her mother on March 5th of this year. The girl was well nourished, large for her age, and gave an excellent family history. The mother brought a letter from her family physician, which stated that the child needed a spinal brace, but no diagnosis was given. On examination there was found a very marked lumbar lordosis. The hips were dislocated upward and backward, the lordosis being merely compensatory to preserve the equilibrium by throwing the trunk further forward. She walked with a very ludicrous waddle, as the hips yielded at each step. She complained of no trouble, except that her hips quickly became tired on walking.

A line drawn from the anterior superior spinous process of the ilium to the tuberosity of the ischium (Nélaton's line) showed the heads of the femurs to be one inch above their normal positions. The feet were in natural position, and movement at the hips was normal.

The majority of these cases present a dislocation of both hips, and in these the deformity is not so marked as when only one hip is affected. When the deformity is bilateral the only peculiarities are the lordosis and the waddling gait, but when the dislocation is unilateral there is a marked limp, owing to the shortening and yielding on the affected side, and before the patient reaches adolescence lateral curvature of the spine is generally added to the existing deformity.

April 15th, 1887, Jesse Stevens, aged twenty-two months, was brought to the dispensary by his mother. The child had a good family history, and was well nourished. From the time he had commenced walking it was noticed that he limped, favoring the left leg. Motion at the hip was unresisted. There was three-fourths of an inch atrophy of the thigh, but the circumference of the calf was the same as its fellow.

Measuring from the anterior superior spinous process of the ilium to the outer malleolus, there was three-fourths of an inch shortening; but measuring from the head of the femur to the malleolus the leg was as long as its fellow. The head of the femur was nearly an inch above Nélaton's line. The nutrition of these dislocated limbs is interfered with in some way; this is readily appreciated by comparing the limbs when but one is dislocated. The bony development, as well as the muscular, is retarded, as there is quite a difference in the real length of the legs in an adult with unilateral hip dislocation of congenital variety.

Most cases of congenital dislocation of the hip are brought to the notice of the physician when the patient begins to walk, and the parents generally consider the trouble of recent origin, and will ascribe as a cause some slight accident the child met with shortly before the visit. No physician would be likely to make the mistake of confounding the congenital dislocation of the hip with a dislocation produced after birth by trauma. The absence of active symptoms in the former, and the freedom of movement and position of the leg and foot, would make him decide at once.

The head of the femur may be dislocated before birth in one of three directions, says Carnochan—upward and backward, upward and forward, and directly upward.

The first form is the most common, and the only one worth studying practically, for the second and third forms are found only in monstrosities.

Hippocrates wrote, "children yet contained in the organ of gestation may have the arms or the inferior limbs dislocated by blows, falls, or by pressure exerted on the abdominal walls of the mother."

Paré thought that the powerful contractions of the uterus, acting on the extremities of the levers presented by the femurs while the thighs were flexed on the abdomen, were sufficient to account for this variety of dislocation.

Other authorities suppose the cause to be the arrest of the development of the cotyloid cavity. Dr. Knight, in his Orthopedia, inclines to this belief.

Carnochan, who has written a valuable monograph on this deformity, thinks that this dislocation is due to muscular spasmodic retraction due to a perverted condition of the excito-motor apparatus.

Hamilton, in his work on Fractures and Dislocations, expresses the belief that any one of the causes mentioned above may produce the luxation.

Post mortem examinations of adult cases show that a new joint is formed between the cotyloid cavity and the crest of the ilium; bone is thrown out until a cup-like depression is formed, and a new capsular ligament is produced. These results do not invariably follow. Occasionally the original capsular ligament becomes much elongated and remains intact, and a new joint is not formed. When a new joint is formed the acetabulum loses its shape, or becomes filled with osseous deposit, and is almost obliterated. Great changes always take place in the head and neck of the femur.

When the old capsule remains unbroken, the head of the femur can be drawn down by traction to its normal position.

Guérin, of Paris, and Parnez, of Lyons, have produced cures of this deformity in children, by overcoming the muscular resistance by long-continued traction and binding the head of the femur to its place by a band passed above the head of the femur and under the perineum; but treatment is generally unsatisfactory in results and difficult in process, and as the deformity does not interfere greatly with locomotion, it is not advisable to resort to treatment.

Chronic Laryngitis and its Sequelæ.

Dr. Hunter Mackenzie publishers a lecture on chronic laryngitis and its sequelæ. Simple chronic laryngitis and thickening of the laryngeal structures may occur as a consequence of acute laryngitis, or from repeated attacks of the subacute variety; accasionally its mode of development is protracted and insidious. It may be partial—that is, only one-half of the larynx may be thickened permanently—it may be general, affecting more or less all the intrinsic structures. The question of degree or locality of the inflammation bears an important relation to prognosis. Chronic laryngitis may be primary or consecutive. Primary chronic laryngitis indicates that the laryngeal affection has not been preceded by any local or general affection; the term consecutive may be applied to that variety which precedes or supervenes during or after the course of the zymotic diseases, malignant disease, or pulmonary phthisis, or which is the result of extension from the nares or pharynx. In simple chronic laryngitis there is very seldom any true ulceration or loss of substance, unless there is evidence of struma, tuberculosis, or syphilis. The character of the voice almost entirely depends upon the vocal cords. Complete aphonia (whispering voice) is, in the absence of nervous or mental causes, indicative of severe laryngeal changes, and shows destruction of the vocal cords, or of the cords and ventricular bands; it is a point to be remembered that a fairly effective voice can be produced by the ventricular bands, should the vocal cords be destroyed. Chronic laryngitis, in addition to the symptoms produced on the voice, respiration, cough, etc., may sometimes be the cause of gastric disorders; when pharyngitis is present, and the saliva is in excess, or when frequent movements of swallowing are made, owing to the sense of tickling at the back of the throat, an excessive amount of air is swallowed, giving rise to gastric flatulence. The following are some of the sequelæ of chronic laryngitis. In the insiduous form, the possibility of tubercular degeneration is always present; in those cases it is only by the examination of the sputum or laryngeal secretion, and the presence of the bacilli of tubercle being detected, that one can be certain the case is one of tubercular disease. Another sequela of chronic laryngitis is the formation of new-growths; these may be papillomatous, mucous, fibrous, or cartilaginous, according to their seat of origin. The more chronic a case is, the more likely is the supervention of the most serious of all sequelæ, the tubercular degeneration. In the case of malignant disease of the larynx no definite conclusion should be arrived at without examining microscopically the sputum or pieces of the growth, as in its early stages, and even in its later stages, malignant disease possesses no distinguishing characters to the naked eye. With regard to the treatment, it must be essentially of a local character to be of any use, by means of inhalations, sprays, powders or pigments. In well-marked cases recourse should be had at once to pigments, and of these nitrate of silver is the best. Commencing with a solution of thirty grains to the ounce, the strength should be gradually increased every ten to fourteen minutes, until one hundred and twenty grains to the ounce or even more are used. These pigments ought to be applied locally by means of a

laryngeal brush, under the guidance of the laryngoscope, at first three times and afterward twice a week, over a period of several months; this energetic treatment is necessary only in well-marked cases of thickened vocal cords, or of the intra-laryngeal mucous membrane. In chronic laryngitis dependent upon chronic nasal catarrh, attention should be directed to the nose; the nasal passages ought to be frequently cleansed by means of a solvent spray (one drachm of bicarbonate of soda to a pint of water), and immediately after an astringent solution ought to be applied, such as sulphate of zinc or acetate of lead, one or two grains to the ounce of water. At the same time the pharynx should be occasionally stimulated by the application of a solution of chloride of zinc, twenty or thirty grains to the ounce. In granular pharyngitis the application of London paste, or of the galvano-cautery, to the prominent follicles is usually necessary. When chronic laryngitis has ended in the formation of distinct growths, they must be removed by intra- or extra-laryngeal surgical measures. Certain of the sequelæ of chronic laryngitis may necessitate the opening of the windpipe, and the operation of tracheotomy is to be preferred to thyrotomy, if the same objects can be obtained by it. The rest and freedom from irritation that is obtained after tracheotomy often cure a chronic laryngitis which may have become serious, and in cases of tubercular disease much comfort can often be given to the patient by the early performance of this operation. The author concludes his lecture by urging on all medical men the importance of treating cases of chronic laryngitis with promptness in the early stages, so many cases being neglected at first, when some active measures might be taken, which become useless if deferred.—*The Medical Record*, August 20, 1887.

Cocaine and Strictures of the Urethra.

Van Hoorn has been successful in two cases in which he used hydrochlorate of cocaine to facilitate the temporary dilatation of strictures of the urethra. At the time of doing it he was not aware that any one had done so before. Van Hoorn then enters into the literature of the use of cocaine in this and allied affections (injection of cocaine into bladder to facilitate the operation of lithotripsy).

Van Hoorn then relates his cases and experiments. A patient who suffered from a stricture in the posterior part of the canal was so sensitive that the application of an elastic bougie not only produced great pain, but caused disagreeable symptoms for several days after. The treatment, therefore, had to be interrupted several times, yet gradually a catheter of No. 23 (Charrière's scale) could finally be employed. Van Hoorn commenced with No. 16. Some time afterwards it was necessary to sound the urethra with an exploratory sound. This was so painful that the delay again became necessary, and he therefore resolved to use cocaine; but before he did so, he ascertained the effect of cocaine on the healthy mucous membrane of the urethra. For this purpose Van Hoorn first introduced into a perfectly healthy urethra a bougie of No. 22, with the most minute precautions. It was evident that the mucous membrane was very sensitive. The pretty large but well oiled bougie caused pain in the whole length of the canal.

Two days afterwards Van Hoorn injected, with Guyon's instillateur (before introducing the bougie), twenty drops of a five per cent. solution of cocaine. After taking out the instrument he kept the solution in the canal for ten minutes. He then introduced the same catheter which had previously caused so much pain, and the patient felt only very slight discomfort from the dilatation of the canal. To be sure that this effect was due to the cocaine, he injected the next day only water, and then passed the instrument, and found that as much pain was caused as the first time. He then used cocaine for his patient with eminent success, and although the stricture was very tight, a No. 21 catheter could be passed with but trifling discomfort. The patient had no pain the day after, and the dilatation could be proceeded with for two days.

The second case was that of a patient who had been treated a long time in another town, the doctor there telling him that he had three strictures. Introduction of the catheter was very difficult, in consequence of the existance of a valve; there was no false passage however. Introduction of the catheter was frequently followed by hemorrhages, and by so much pain that the patient one day lost consciousness. He could not bear the catheter for more than ten minutes once a week. Soon after his change of abode he acquired a fresh gonorrhœa, and consulted Van Hoorn. This complaint was pretty quickly cured, but a slight gleet very naturally remained. Eight weeks after the commencement of the last illness Van Hoorn examined the strictures, previously having

anæsthetised the urethra with cocaine. At the first session the cocaine solution had not penetrated further than past the first stricture, and the bougie, therefore, caused pain at the second one. But after overcoming these difficulties, and successfully applying the solution to the whole canal, the treatment became nearly painless, and could be proceeded with satisfactorily.—*The Med. Chron.*, August, 1887.

Removal of Necrosed Bone by Irrigations with Weak Hydrochloric Acid.

Dr. Edmund Andrews, Professor of Clinical Surgery in Chicago Medical College, gives the following account of this process in the *Kansas City Medical Record*, September, 1887:

In almost all cases of necrosis the dead bone can be removed without operation by the simple process of daily irrigation with diluted hydrochloric acid. This is especially important in spinal necrosis and caries; but is also applicable to necrosis in other parts of the body.

Nearly all our authors are silent on this subject, for though Dupuytren and other older surgeons have spoken of brushing the cavity with strong sulphuric acid, they contemplated merely a caustic action to change the condition of the diseased living parts, and not the dissolving out of the sequestrum. Others, however, have proposed the solvent plan, but without gaining a serious hearing in surgical literature. Billroth, of Vienna, briefly alludes to the subject, but scouts the whole idea in the following strong, but ill considered language: "Chemical solution of the sequestrum is not to be thought of. If you were daily to pour muriatic acid into the fistulous opening, it would affect the newly formed osseous tissue as much or more than it would the sequestrum, which would be very unfortunate, as it must replace the latter. Hence, the mechanical removal of the sequestrum is the only thing left."

In opposition to this high authority, I wish to state as the result of actual experiments that, by a little ingenuity in the management of the irrigation, most sequestra can be dissolved out; and if the solution be properly prepared it does not affect the living bone, nor act upon the soft parts, except as a good antiseptic; neither does it cause any pain. In fact, by the addition of cocaine and morphine, it can be made anodyne.

So far as my investigations have yet gone, I find no solvent equal to a weak solution of hydrochloric acid. Sulphuric acid seems to limit its own action by precipitating the insoluble calcium sulphate in the Haversian canals, and blocking the further access of the acid. Thin laminæ of bone will lie in a dilution of this acid for days with only a slight degree of decalcification. Chromic acid is also inefficient, and stains the linen on which it happens to drip. Nitric acid decalcifies the bone rapidly, but I have not yet finished the experiments for ascertaining its practical usefulness.

The proper strength of the hydrochloric solution will usually be found between one-fourth and one-sixteenth of the strength of the officinal *acidum hydrochloricum dilutum*, although it can be employed somewhat stronger by the addition of cocaine and morphine. The tolerance seems to be determined largely by the presence or absence of a good coat of granulations upon the living tissues. Directly after an operation, the cut extremities of the nerves are painful on the application of any acid, however weak; but after a few days, when covered by granulations, they bear comparatively strong solutions without difficulty.

The length of time required will vary with the strength of the solution, and the constancy of the irrigation. As the result of experiments made outside the body it was found that old sequestra, which have laid long in putrid suppurating cavities, are not deprived of their gelatiniferous animal basis. In every instance the decalcified animal matter remained in full form, but lying inclosed in granulations inside the body, it is rapidly absorbed, exactly like the decalcified bone drainage-tubes when left in position.

The method of effecting the irrigation is important. If one simply pours a little acid into the fistula, as Billroth evidently understood the plan to be, he will accomplish nothing. It is necessary to irrigate the whole sequestrum either frequently or continuously. If possible, one should have two openings, so situated that the fluid may run into one, and thence along the whole length of the sequestrum and out at the other. When necessary, new openings must be made in suitable positions, and left pervious by drainage-tubes. The next step is to fill a half-gallon fountain syringe with the acid solution, and, hanging it by the bedside, to let it run very slowly through the diseased channel. If a "through and through" irrigation is not possible, we can often obtain the same result by taking a small flexible catheter, especially of the kind having a curve near the tip, and called by the French *sonde coudée*. By a little careful management this

can often be carried to the farthest corner of the cavity, and by attaching it to the fountain syringe it will deliver the fluid beyond the sequestrum, and make it flow over it on its return outside the catheter. Whenever the sequestrum can be thoroughly irrigated, its decalcification is a matter of absolute certainty within a moderate number of days. The hydrochloric solution is a perfect antiseptic of itself, and during its use no other is required.

After the solution is completed there remains the gelatiniferous animal matter of the bone, which is identical with the material of decalcified bone drainage-tubes, and like them is rapidly absorbed in antisepticized cavities. I have commenced to investigate the possibility of dissolving it out at once with pepsin, but have not finished that part of the subject.

Billroth raises the objection that the acid will dissolve the living bone as rapidly as the dead, or even more so. So plain a point as this of course cannot fail to rise in every one's mind, but I am sure that this great man spoke from mere theory, and not from observation or experience. Whatever one might fear in this respect, I find as a matter of experience that the weak solutions which I have used do not decalcify living bone. Apparently the granulations covering the living osseous tissue protect it from contact with the acid, except in spots denuded by ulceration; and even there the circulation of alkaline blood in the Haversian canals, and the constant exudation of alkaline serum from all raw living surfaces, bone included, protect it from the action of such weak acid dilutions as I have hitherto used. At any rate, it is a positive fact that the sequestra are dissolved, and the cavity heals, without any perceptible injury to the living bone.

The Prophylaxis of Syphilis and the Regulation of Prostitution at Honolulu, Hawaiian Islands.

Dr. McGrew writes from Paris as follows on this subject to the *American Lancet*, September, 1887:

The prophylaxis of syphilis and the regulation of prostitution is a question which is at present occupying the minds of the medical profession and municipal authorities of Paris, France, and a most complete and interesting report on this subject has been prepared and placed before the Academy of Medicine by Prof. Fournier, who is acknowledged one of the best authorities on syphilis and skin diseases.

This report appears in *Le Progrès Médical*, and the reading of it has induced me to give a few outlines of how this question has been met at Honolulu, Hawaiian Islands, where, as is generally known, syphilis raged to a great extent in former years, but where now it has become comparatively rare, thanks to the endeavors of the medical profession and government authorities (and I may here mention the name of Dr. Robert McKibben, Surgeon-in-chief to the Queen's Hospital, who has exerted himself especially in this direction) in establishing the necessary sanitary precautions.

The system there, which has been in vogue several years, coincides, so far as I am able to judge, exactly with what Dr. Fournier considers should be carried out in the city of Paris, and consists of the following regulations:

Each prostitute is forced to register her name, age, and address.

To report for examination weekly, at the government dispensary, especially set apart for this purpose, and connected with the Queen's Hospital.

If on examination she is found to be suffering from syphilis, gonorrhœa, or in fact any uterine or vaginal disease, she is compelled to enter the hospital, where there is a special ward for these cases, and to remain there under treatment until she is cured, or considered free from all danger of communicating disease.

If she leaves the hospital without permission or a certificate of health—a frequent occurrence notwithstanding the strict surveillance—she is at once searched for by the police employed for this special service, and is brought back to the hospital.

In the case of a second attempt to escape, she is sent to prison and there kept for a certain period, at the expiration of which she is glad to return to the more comfortable quarters of the hospital, and to submit to treatment.

I may here mention that during her sojourn in prison, the treatment is vigorously carried out by the prison physician, who receives, previous to her admittance, a history of her case and of her previous treatment.

This in a few words is the system employed at Honolulu, and has no doubt been the means of reducing to a wonderful extent the percentage of syphilis and veneral diseases.

Cocaine in the First Stage of Labor.

Dr. W. A. Briggs writes as follows to the *Sacramento Medical Times*, September, 1887: The "nagging" pains of cervical

dilatation, especially in primiparæ, are extremely trying, not only to the patient herself, but, indirectly, by unnecessary demands on his time and patience, to the physician also. At this time the local use of cocaine, in combination with morphine, renders admirable service. I prefer the following formula:

℞ Cocainæ mur.....gr. 15
Morphinæ sulph.....gr. 1
M. Et in suppos. (gel.) No. iii d.

Sig.—Slightly soften in warm water and introduce within the cervix uteri; repeat in three hours if necessary.

The dry powder in gelatine capsule is more easily and rapidly dissolved and absorbed, and hence is preferable to combination with cacao butter, either in mass or in shell. Relief is felt within fifteen minutes, and continues for several hours.

Non-Homœopathic Cures.

Dr. J. W. Hawkes, Professor of Materia Medica in the Hahnemann Medical College, Chicago, writes to the *N. Y. Med. Times* (a journal that detests the name homœopathy, though a staunch supporter of the doctrines of Hahnemann, as an adjunct to therapeutics), for information regarding cures obtained by measures that are non-homœopathic.

In reply, the *Times* proceeds to say, that, strictly speaking, drugs do not cure disease, but only have power to assist nature to this end; and then answers Dr. Hawkes's inquiry by giving a number of illustrations, from which we select as fair samples the three following:

Catharsis in Catarrhal Gastritis.—The curative action of cathartic medicine in certain gastro-enteric complications, accompanied with abdominal obstruction, is well known to all medical practitioners—except it may be the close adherents of homœopathy. The case we are about to relate, illustrative of non-homœopathic cures, is noteworthy by reason of the great age of the patient (86 years) and also because a council of Old School physicians had pronounced the case hopeless. The old gentleman had been "kept up" for several weeks on brandy, quinine, iron, strychnia, etc., until the bowels became obstinately obstructed and refused to respond to enemas. He was in this condition when the friends of the patient concluded to consult a physician of the New School, and finally placed the case in our hands. The patient's bowels were so distended with fecal concretions as to make the leading indication of treatment unmistakeable. The idea of seeking the *similimum* for such an obstructive condition did not occur to us. We began treatment therefore with compound cathartic pills (officinal) and continued with compound cathartic pills, daily, for a week, with amazing results. The patient's condition improved with every effect of the medicine. The following week magnesia citrate was substituted for the pills, and taken every morning for several days, always with excellent effect. The patient was put on a milk diet, made an excellent recovery, and still lives to rejoice at the fact.

Ipecacuanha and Spasmodic Croup.—A noteworthy case of spasmodic croup of most alarming severity, occurring in a child of five years, came under our observation sometime since. We sought the *similimum* in the case without success for several hours. The child seemed likely to die of asphyxia. In desperation we asked an Old School colleague to our assistance. We agreed that this case was a desperate one, and that heroic measures were called for. It was the evening of one Christmas day, which to my colleague was suggestive of complications of nuts and candy. Acting upon this idea four fluid drachms of ipecacuanha were forcibly exhibited to the child. The result was a copious emesis, which was followed with prompt and complete relief.

Diet in Disease.—The relation of food to certain abnormal states is well known; to disregard which would be fatal to the success of any method in therapeutics. There are conditions, in fact, in which diet and not medicine is the leading indication of treatment. We have repeatedly cured chronic flatulence, occurring in aged persons, with enlarged livers, by eliminating sugar from their dietary. All know the superiority of lean meat and skimmed milk over any form of medicine in diabetes; the benefit of a milk and farinaceous diet in catarrhal affections of the stomach; of cooked milk (boiled half an hour or more) in enteritis and ulceration of the mesenteric glands; of fresh vegetables in scurvy; of fruit and bread made from unbolted wheat meal in chronic constipation, etc. The *similimum* in all cases in which a faulty diet is the cause of malady is of non-effect, except that of palliation, and the cure of them must be by a method which is non-homœopathic.

Accidental Poisoning from Cocculus Indicus.

This unusual poison was taken by mistake for coca, the fluid extract having been used by oversight for the one intended. It occurred in Denver, Col., the sufferer being a gentleman from the South, temporarily stopping there, and by some, as yet, unexplained cause, the fluid extract of coca was asked for in a wholesale drug store in another city and that of cocculus indicus was supplied. The taste on swallowing caused the alarm of the patient, and looking at the label, a precaution that should have preceded the dose, he recognized the danger. He went at once to a physician who used the stomach pump, hypodermic injections of morphine, and, internally, chloral. The sufferings were intense for a while, but the prompt application of the above remedies saved the life of the patient.—*Pharmaceutical Record*, September, 1887.

Treatment of the Convulsions of Children.

Dr. Jules Simon, at a clinic in the Hospital for Sick Children, said that convulsions in children arose in the great majority of cases (eighty times out of a hundred) from digestive troubles. He included in the latter indiscretions in diet, entero-colitis and constipation. A cause to which he desired to direct particular attention, because it was ordinarily overlooked, was exposure to excessive cold or to extreme heat. Convulsions arising out of digestive disturbances should be distinguished from those occurring in fevers. The latter then often constitute the initial phenomena of pyrexia. Still further, convulsions may be symptomatic of albuminuria, which may be latent, and an examination for which should never be neglected.

Apart from divers other affections, convulsions may arise in profuse and prolonged hemorrhages. A practical point in connection with the latter, is that Simon has seen the pulling of a tooth in a teething child—and if there is a loose tooth in a child with convulsions the doctor is generally asked to draw it—followed by death in the midst of convulsions preceded by hemorrhage. He has also seen convulsions occur in a child who had continuous hemorrhages from a slight abrasion of the tongue.

Convulsions are rare between the first and second month, and are most common between the fifth month and the second or third year. Their frequency depends largely upon individual and family predisposition. Frequent repetition of convulsions ought to make one fear some cerebral complication.

While the convulsions continue the child passes but very little urine, and then with tenesmus. This persists while the disease lasts, but one may rest assured that when the urine flows freely, the worst is over. This gives us an extremely important point for prognosis.

Generally convulsions come and go with great suddenness, but they may last eight days without occasioning a cerebral lesion. Prognosis is generally favorable except when the convulsions are secondary.

The first thing to do is to open the bowels. If the convulsion stops administer an emetic, but if the attacks continue, give 8 grains of chloral by the bowel, along with 15 grains of camphor and 20 drops of tincture of musk. In cases in which attacks recur at intervals of several hours, order a mustard bath, but only in cases where there is no fever. If convulsions still continue, blister the back of the neck, but only let the blister stay on three hours, and then apply a poultice; at the same time give the following draught:

R	Lime water	f ʒ iij
	Bromide of potash	gr. xv–xxx
	Musk	gr. jss
	Cherry-laurel water	f ʒ ss
	Syrup of codeia	f ʒ j
	Syrup	q. s.

If the convulsions are of uræmic origin, Simon does not hesitate to bleed. In a child four or five years old, three or four leeches may be applied behind the ear; or cups with scarification over the region of the kidneys to withdraw three or four ounces of blood. At the same time the above internal treatment should be used. Even very anæmic children bear the loss of blood very well.

Moreover, nervous children that seem by their excitability predisposed to attacks of convulsions, should be isolated and placed upon small doses of the bromide every three or four hours. This will very much diminish their chances of having convulsions.—*L'Union Médicale du Canada*, August, 1887.

Injections of Quinine in Splenic Tumors of Malarial Origin.

Fazio having concluded upon theoretical grounds that injections of quinine were indicated in splenic tumors due to malarial causes, reports his results in two cases in which this method was tried, and claims to have obtained a decided diminution in the size of the tumors after respectively 32 and 45 injections.

His plan is to inject a solution of a strength of three or four grains to fifteen minims of distilled water, after deadening the sensibility of the part with the ether spray. The injections are carried deep into the tissues, and subsequently an ice-bag is placed over the seat of the injection.

The results claimed for this method of treatment are:

1. Reduction in the size of the tumor.
2. No febrile movement is occasioned.
3. No local pain is produced, and no evil effects follow it.
4. Sometimes partial emphysema of the cellular tissue occurs as the result of admitting air at the time of the injection; but this slight evil is easily avoided with care.

Complete cure is possible only when no amyloid degeneration co-exists.—*Deutsche Medizinal-Zeitung*, August 25, 1887.

CORRESPONDENCE.

Further Report of a Case of Senile Gangrene.

EDS. MED. AND SURG. REPORTER:

Gentlemen:—I have changed my residence from Union City, Pa., to Meadville, Pa. CLARENCE G. HOLLISTER, M. D.

P. S.—The case of senile gangrene I recently reported (REPORTER, July 2, 1887,) is doing very well. Upon calling on him a short time ago the fibula was found to be separated and the tibia holding by a mere shred. The stump had nicely healed over, and his general health was improved. The cancer upon his face, however, is growing worse slowly. He will not allow us to interfere with the operation of nature in separating the limb, but insists upon letting it alone, and yesterday I heard that the leg had dropped off. This information was not, however, absolutely trustworthy.

C. G. H.

NEWS AND MISCELLANY.

A Hint to the Housewife.

At this season of the year, stewed apples, pears, and plums are favorite articles of diet. For breakfast or luncheon, in the dining-room or in the nursery, there are few table dishes more wholesome and more delicious than well-stewed fruit served up with cream or custard. There are many persons, however, who cannot eat it on account either of the acidity of the fruit or the excess of sugar necessary to make it palatable. Sugar does not, of course, counteract acidity; it only disguises it, and its use in large quantities is calculated to retard digestion. The housewife may, therefore, be grateful for the reminder that a pinch—a very small pinch—of carbonate of soda, sprinkled over the fruit previously to cooking, will save sugar, and will render the dish at once more palatable and more wholesome.—*Brit. Med. Journ.*, Sept. 3, 1887.

Needless Alarm.

The following piece of sublime misinformation has been perpetrated by a homœopathic physician of Montreal as a *bona fide* report of a case:

"Called to see Miss U——, suffering from usual periodic headache; gave *lach.* 75 m. (Fincke), and then dissolved a few No. 8 pellets of *pure sacch. album* in half a glass of water, *churning it well* with a spoon (potentizing it, I fear); dose, a teaspoonful every half hour till better. Soon after taking the *sacch. alb.*, she became 'deadly sick and faint; thought she would *die*, *she was so weak*, could not lift her head; *felt as if she would sink bodily right through the bed.*' Each dose made her so much worse that she stopped it, and was able to come down stairs. This is the first time I had such a symptom from *sacch. alb.*, but still it was too marked to pass without making a note for verification, either clinically or pathogenetically. I know I had pure sugar pellets and fresh water."

We can't help wondering whether the Examining Board of the Province of Quebec have applied their final tests to this gentleman, and if so how he stood; also, whether he could pass the civil service examination here.—*The Medical Press* (N. Y.), Sept., 1887.

Camping on Mont Blanc.

A French scientific man, M. Vallot, has, according to all accounts, accomplished a remarkable feat. He has camped for the space of three days and three nights on the summit of Mont Blanc for the purpose of making meteorological, physical, and physiological observations after the manner of æronauts in a balloon. His courageous efforts, despite his sufferings from cold and from rarefied air, as well as the exhaustion consequent on his climb to such lofty altitudes, have, it is averred by his countrymen, been successful as well as unprecedented. The result of his labors and researches has been communicated under sealed orders to the National Academy of Sciences.

Eloquent Words About Army Surgeons.

Putting aside the burning questions of rank, it may be well to place before our readers some of the well-founded claims which military surgeons have to the support and gratitude both of their fellow practitioners and of the country at large, so that if need arise to urge these claims, the appeal may not be waisted on ignorant or indifferent auditors.

John Bell, in a passage full of manly eloquence, says of the responsibilities of the military surgeon: "He is to act alone and unassisted in cases where decision and perfect knowledge are required; in wounds of the most desperate nature, more various than can be imagined, and to which all parts of the body are equally exposed. His duties, difficult at all times, are often to be performed amongst the hurry, confusion, and horrors of battle. Even in the seasons of the greatest difficulty, cold and heat, hunger and fatigue, vexation of mind, and all the distresses of foreign service, aggravate disease, and while they render his exertions of so much importance, teach him imperiously the necessity of an accurate and ready knowledge of his profession. It is to him that his fellow-soldiers look up at the moments of distress; his charities and his friendship are prized beyond all price. What part of education is there needful, or even ornamental, for the surgeon living at his ease in some luxurious city, which the military surgeon does not require? What qualifications of the head, or of the heart? He has no one to consult with in the moment in which the lives of numbers are determined. He has no support but the remembrance of faithful studies and his inward consciousness of knowledge, nor anything to encourage him in the many humble yet becoming duties which he has to fulfil except his own honest principles and good feeling."

In spite of all these onerous responsibilities, the pay and position of the army surgeon have undergone constant and arbitrary alterations, so that he has been fain to cry out like Jacob to his ungrateful master, "Thou hast changed my wages ten times." Yet notwithstanding this unworthy treatment, he has ever been found zealous to obey either the call of duty or the summons of honor.

Equal to his civilian brother in the number and value of his studies and qualifications, he has been required to pass, in addition, special examinations not less searching than those originally surmounted, and to undergo an extra training not less careful than that previously undergone. There is no country in the world where British valor has conquered, or where, even in defeat, the stubborn pluck of Britons has covered the ground with their slain, that is not the resting-place of the bones and of the dust of our military surgeons.

On the many battlefields of Flanders, beneath the burning sun of Spain, in the valley of Inkerman, in the well of Cawnpore, on the shame-stained hill of Majuba—there, side by side with their brethren in arms, sleeping the last sleep of the brave, lie the army surgeons of England. They marched and conquered and fell, with their comrades, alike in bravery and honor, alike in suffering and privation; to them as much as to these is owing the fame of our glory; it is only in appreciation and reward that there is a difference. Yet how much their country owes them.

It was a military surgeon (George James Guthrie) who, without a colleague, found himself, at the close of the bloody field of Albuera, in charge of over 300 wounded—and while the combatant officers (among whom he had fought with the bravest) lay down to rest, worn out with the long fight, he betook himself to his professional duties, and throughout the weary night, and all next day, devoted himself to the alleviation of the sufferings of friend and foe alike.

If was of Guthrie that the historian writes: "The sudden retreat of Hill's *corps d'armée*, warmly pursued by the enemy from Aranjuez on the Tagus to Salamanca on the Tormes, encumbered with a large hospital of over 800 sick and wounded, which had been formed at Madrid, and with 2,000 sick on the whole on the line of march, without conveyance, rendered the position of the surgeon, as to character and reputation, perhaps even more critical than that of the General, who could at all times have turned and beaten his opponent. The commissariat stores and depôt at Madrid was lost, but the whole of the hospital and the sick and wounded were saved through the energy and decision of the medical officers. Arrested on the bridge of Alba de Tormes, one-half of them were delivered over to proper officers, whom Mr. Guthrie had assembled to receive them, and returned to their regiments, while the remainder were sent forward to Cuidad Rodrigo, in compact and regular order, instead of being allowed to wander over the whole country."

What a glorious moment for Guthrie was that when he heard the Iron Duke, so usually sparse of compliment, declare "that his conduct was worthy of the imitation of the

whole army." How still more glorious must it have been to receive, as he did, the thanks of his recovered patients, saved at Albuera by his exertions, "in grateful recognition of his courage and coolness, promptitude and fertility of resource, as well as of his unfailing patience and energy."

It was no combatant officer, but a military surgeon (Brydon), whom Sale saw ride in through the gates of Jellallabad, on the point of dying from fatigue, exhaustion, and hunger, the survivor of Keith's army of Afghanistan. The same Brydon, who, in after years, was one of that little band of heroes whose fame shall last as long as the glory of their country, who, behind the frail walls of the Lucknow Residency, kept the rebel hordes at bay, and saved the honor of English women and of England.

Does the Duke of Cambridge, as he reads general orders about "combatant" and "non-combatant" officers, ever think of that misty autumn day when, surrounded by the surging mass of Russian foemen, he was only saved from death by gallant Surgeon Wilson, of the 11th Hussars, who, rallying a handful of men to the rescue, dashed into the gray mass of Russians, and brought the Duke safe and sound out of his danger? Has Lord Viscount Wolseley any fraternal recollection of that incident on the day of Inkermann (worth a dozen Tel-el-Kebirs), when Dr. Wolseley, of the 20th Foot, finding himself, unarmed, with but a handful of Englishmen by him, amidst the swarming host of Russians, instead of surrendering as a non-combatant ought, first breathed a prayer to God for his soul, then catching up a musket and bayonet lying at his feet, shouted out to the soldiers round him: "Fix bayonets! Charge! and keep up the hill!" and so tore his way through the dense mass opposed to him, and with half of his little band of heroes came safely out?

Do the critics of the Army Medical Department ask for the scientific achievement of its officers? Let them read the works of Guthrie, of McLeod, of Sayre, of Maclean, of Aitkin, of Parkes, of Longmore, of de Chaumont, of Porter, and of a score more belonging to its ranks? Do they require examples of the bravery of these men? Let them read the instances we have quoted, only selections from the records of our brave; but one other we will give, since we knew and loved its hero well. It was Surgeon-General Reade, who, on September 14th, 1857, charged down on 300 Sepoys with only a very few soldiers, because the enemy were annoying our wounded by their fire, and defeated the rebels; it was he who, two days afterwards, was the first man up the breach at the storming of Delhi, and, with a sergeant, spiked a gun, and who was recommended for promotion in public despatches "for unwearied exertion and gallant conduct in the field."

Are instances of devotion and endurance wanted? What said Sir Charles Wilson, of the Medical Staff during the Soudan campaign, "For three days and three nights none of the surgeons of the Came Corps had any sleep at all, for they were engaged all the time performing operations or attending to the sick and wounded; and when they reached the Nile, one of the doctors actually fainted from pure fatigue and want of sleep, while performing an operation. No body of men," says Sir Charles, "could possibly have carried on their duties with such devotion as the doctors did during the Nile campaign."

Is such an instance of self-sacrifice and abnegation required as can scarcely be found out of sacred history? Again, we can refer to the annals of the Medical Department. Read of Dr. Landon upon Majuba Hill. Mortally wounded, with the agony of death closing in, in the midst of his own pain and weakness he heard a wounded soldier shrieking aloud in his sufferings, and creeping, forgetful of self, to where this man lay, gave him a morphine injection to relieve his distress, and, giving it, died! Sir Philip Sidney did scarce as noble an act as this, for he only deprived himself of a comfort; but Landon increased his own sufferings and spent his remaining strength by his exertions. In loneliness and weakness he remembered duty and pity. Of the like of his deed there are, indeed, few recorded in the annals of any age or country.

There is no marble monument above the place where the gallant Landon lies; but he sleeps as well in his turf-covered grave as he would in Westminister.

To these men we may apply in an especial sense the fine words of Sir James Paget: "And so in toil, yet not in weariness, they pursue their way, sowing seed of which they reckon not whether they shall reap any fruit; content, because they are in the path of duty, blest if only they see or think that they minister to the welfare of their fellowman."—*Brit. Med. Journ.*, September 5th, 1887.

Amusing Experiences of a Druggist.

G. H. C. Klie writes as follows in the *Pharmaceutical Record*, September, 1887:

A customer's daughter, about ten years of age, was taken sick with a very severe attack of typho-malarial fever, as it is termed by some physicians. The attending physician treated the case with quinine. This was prescribed in pill form, and mostly administered in gelatine capsules. Sometimes they were prescribed with the usual excipients—gum arabic, tragacanth, with glycerin and aqua—but oftener the mass was directed to be made with aromatic sulphuric acid. Prescriptions were filled almost daily for weeks in succession. The child's life was despaired of, the parents themselves expecting it to die every day. It, however, pulled through, and slowly recovered. The mother calling at my store some time after, I asked how her daughter was getting along. In a slightly pettish and dissatisfied manner she answered, the child was getting along well enough, but she thought it was not the fault of the medicine or the doctor that she was thus. I questioned her what she meant. She said: "Well, sir, when my child had well advanced toward recovery, she one day desired to go to stool. After this was done I examined the chamber, and what do you think I saw? All the pills she had taken during her long illness were there, and it seemed to me the vessel was half full of them."

Her statement surprised me. I had hardly expected that all pills would turn up again in such a state of preservation. I asked her whether the capsules were there also. "No," she said, "the capsules were not, but the pills were all there." Her opinion was there was no use to have a doctor and give medicine diligently as she had done when the medicine was evidently wasted. I could not say anything against her reasoning. I only expressed to her my gratification that her child had recovered under such untoward circumstances.

This case plainly shows that there are some diseases, especially those of a typhoid character, in which pills, even when freshly made and in a soft state, are not acted on by the liquids of the stomach and intestines. Ready-made pills, or sugar and gelatin coated pills, in such cases, would not stand the ghost of a chance of being dissolved. I have heard physicians mention the fact that they have found pills administered to patients undissolved, or only partially dissolved, in the dejections, but I never heard of a case as bad as the one just related.

There are personswho exhibit an extraordinary amount of enterprise when they buy stamps and post letters. In the first place, they often want three 2-cent stamps for 5 cents, and change for a $10 bill. Then they sometimes, with the odd cents with which they always seem provided, give you one or two with holes in them. When you have safely passed this stage, you are politely asked to put some mucilage on the envelope, and close it, too. Then, "Won't you have the kindness to write the address, which please look up in the directory." "Now, please put the stamp in the right corner." "Oh, yes! can you drop it in the box for me?" "Oh, and I had almost forgotten, the answer is directed in your care; please oblige me by sending it around as soon as it arrives." Oh! aint it glorious?

Romantic Love and Personal Beauty.

Dr. T. Wesley Mills, in September *Science*, writes as follows of his own opinion, after discussing Mr. Finck's view:

For myself, on this point, I hold the strongest views. My theory as to falling in love would be something to this effect: there are in normal minds the elements of an unformed ideal, which takes definite shape when the person answering to that ideal appears, provided there be no interfering causes. This ideal appertains rather to *type* of individual, i. e., there is the potential capacity to love one of many individuals of the type, and the exact individual of this type chosen may be a fortuitous matter. Good results, if not absolutely the best, follow in such cases, no matter which one of the type-class is chosen. As Carlyle said, "No man can love but once, and some not then." The choice of those of opposite tendencies, etc., results in a large proportion of cases in the highest good alike to the individuals themselves, their offspring, and the race. Man and woman in the conjugal state should be the one complimentary to the other. The education of the sexes should lead to as much differentiation as possible, in order that the total energy available for the race may be maximal. The education given by parents and the general education of the public should be such as to allow of the highest degree of free, intelligent conjugal choice. If this is accomplished the results as regards beauty will be equally good with those in other directions. I seem, Mr. Editor, to be just getting into the subject, but I fear I have already taken up too much of your space; the importance of such a question must be my excuse.

Medical Fees.

"In Cleveland, an office visit is twenty-five to fifty cents; in New Jersey one to ten

dollars. In Cleveland a visit from the family physician is one dollar, no extra charge for an hour or two detention, no charge for prescription to other members of a family. In New Jersey a visit from the family physician is from one to ten dollars, a dollar extra being charged for every hour's detention, and for each additional member of the family prescribed for. In Cleveland ordinary midwifery cases are from five to ten dollars; in New Jersey the same ten to thirty dollars. In Cleveland the reduction of a dislocation of the elbow or shoulder and its subsequent treatment is five to ten dollars, while in New Jersey the same is twenty-five to fifty dollars. Other service in proportion."—*Am. Lancet*, September, 1887.

The Foreign Visitors at Niagara.

The foreign delegates to the International Medical Congress were taken to Niagara Falls. They held a meeting on Monday evening, Sept. 12th, in the International Hotel; after the close of the meeting, at which brief speeches were made, expressing hearty appreciation of the attentions shown to them by their American hosts. Resolutions were adopted testifying their appreciation of the generosity of the Executive Committee to such visitors to Washington and the members of their families. One of their resolutions says: "The undertaking of the conveyance of over three hundred guests nearly one thousand miles, under the most luxurious conditions of locomotion, and their entertainment for four days, represents an extent of hospitality unsurpassed at any former Congress."

Reminiscences of an Old Physician.

They call me "the *old* doctor." Of course, my long white beard and the scant thatch on my head bear witness to the veracity of the term; and I have but to look at my stalwart grandsons to be fully assured that the adjective applies to me; nevertheless, I fancy that a piece of irony is implied in it. The go-ahead men of the present generation consider me out of date entirely—my ideas antiquated and obsolete. Well, I should not wonder if they are; for I suppose no branch of science has made such rapid and wonderful strides as that connected with the profession to which I have the honor to belong. No doubt, I am of the old school. I am resting on my oars now. The strife and struggle of life are over for me; and as I si at my ease in my old armchair, memory takes me back to the past. I think of my student days, and I see before me those grand men whose footsteps first beat into the track which has led to the present heights of research and of discovery. Abernethy was one of those splendid pioneers. I think I see him as he used to lecture at St. Bartholomew's; small of stature, nose *retroussé*, eyes small, dark, and restless, gleaming alternately with wit and humor, or lit up with ineffable tenderness. A face comical and satirical, if you will, but full of expression; and crowned with a raised tuft of well-powdered hair, ending in a long queue. He was among the last of the pig-tails. Then, to add to the quaintness of his *tout ensemble*, he had a knack of thrusting one hand into his breeches-pocket while he gesticulated with the other. No lecturer in London could rivet the attention of his pupils as he did, so lucid were his descriptions, so powerful his language, so dramatic his action. Abernethy was far from being the coarse man that some of the clumsy imitators of his naive brusqueries would lead one to imagine. True, he would launch his little winged darts of satire ruthlessly at the manifold affectations of self-indulgent invalids; he had small sympathy for such; and no regard for rank or wealth of themselves. But when his feelings were enlisted, when called on to witness real suffering, real distress, who so kind as he? And then, when poverty was superadded, the recording angel alone might tell of his benevolences.

Although a great admirer of Abernethy, the hero of my boyish worship was Sir Astley Cooper. The lives of these two great luminaries for long years ran parallel. With Sir Astley I came more into personal contact; and assuredly he was the first surgeon of his day and generation. He was President of the College of Surgeons when I went up for my examination for membership. I had just gone through the fiery ordeal, and was drawing my breath triumphantly, when Sir Astley, using his privilege as President, called my attention: "Describe to me, sir, the origin and distribution of the fifth pair of nerves." I quailed for an instant, taking in, as one does at such moments, the whole beauty of his magnificant physique; then gathering up my somewhat scattered senses, I answered slowly, deliberately, and I trust also clearly, for I heard him say "Capital!" No word of praise, either before or since could have the electric effect of that tri-syllable. It was positively intoxicating. My fortune seemed to be made from that moment.—*Chamber's Journal.*—*Canadian Practitioner*, September, 1887.

An Accident Service.

Dr. C. J. Clebourne, medical inspector of the United States Army, organized in Philadelphia a Volunteer Medical Service along the line of parade at the Centennial Celebration of the Adoption of the Constitution of the United States. A full number of physicians and assistants were in attendance.

An ambulance or police patrol wagon was stationed at or near each "dressing station," which was at the disposal of the medical officer in charge, upon application to the police in attendance.

In case of serious accident or injury a "first dressing" was applied, and the case at once transferred to an ambulance or patrol wagon and sent to the nearest hospital, hotel, or police station. No ambulance was permitted to go from the station to which it was assigned a further distance than five squares. The covered wagons of the Union Transfer Company, with straw in the bottoms, were used.

The Liquor License.

Every druggist in the United States pays into the national treasury annually twenty-five dollars for the privilege of selling medicines, on the pretext that many of them contain alcohol, and alcohol is at the root of one of the most deplorable of human vices. While there was a heavy national debt to be paid, or in the earlier years in presence of the enormous expenditures which left us burdened with that debt, we accepted the necessity without questioning the logic; but to-day, with an overflowing treasury, we can no longer submit quietly to an imposition as unjust as it is burdensome. Self-respect, indeed, forbids that we tolerate it without indignant protest. We resent it because, in assuming a relationship between the business of the pharmacist and that of the liquor seller, it grossly misrepresents facts. We resent it all the more because of its demoralizing influence, since the man who pays a license is under strong temptation to avail himself of any "privileges" it may confer.

In many States the true relations of the druggist to the saloon keeper have been defined by law. The rights of the druggists to dispense liquors as they do other medicinal agents, strictly for medicinal use, cannot be questioned, and the hardship of imposing on him the tax which is laid upon the sale of intoxicating beverages, as such, is clearly recognized. The same principle applies to the national tax, and we show little of the spirit of our revolutionary forefathers if we tamely submit to its infringement. The question of how most wisely to array our forces to secure our rights in this matter is likely to engage the attention of the various pharmaceutical organizations in the country, and will no doubt come up for discussion at Cincinnati. At present we shall offer no suggestions of our own. It is more important that druggists throughout the country be made to feel that something must be done, and that each one can help a little. With this idea in view, we have addressed a number of prominent pharmacists a letter asking that they would give as briefly as possible their views on the matter.

Some communications we have received are presented with fullness and force, and are to be commended as subjects for careful and thoughtful study.—*Phar. Era*, September, 1887.

A Suit for Expert Services.

Dr. John J. Reese, Professor of Toxicology in the University of Pennsylvania, and Dr. Henry Leffman, of the Polyclinic, have brought suit against the city of Philadelphia to recover for services rendered in the analysis of the viscera of the bodies of three of the supposed victims of chromate of lead used to color buns. Their professional services were rendered to the Coroner of Philadelphia in connection with the recent investigation of this matter.

ITEMS.

—Keeper Maest, of the Erie County Almshouse, says that in his experience, one of the peculiar freaks of insanity is the seeming reversal of natural tendencies. "For instance," he says, "we have in the male wards fine collections of potted plants and climbing vines, which grow so luxuriantly that they curtain the windows. The men tend these carefully, pluck away the dead leaves, stir up the dirt in the pots, prune the vines, keep them carefully watered, and in divers other ways manifest the tenderest watchfulness. Not so with the women. Every attempt to introduce plants and vines as a feature of the female wards, save in the cottage where the mildest cases are confined, has proved a flat failure. The women pull out the plants by the roots, tear down the vines, and manifest other destructive tendencies entirely at variance with the nature of the sex in general."—*Phila. Press.*

OBITUARY.

DR. C. T. MELSHEIMER.

The following is sent us by Dr. H. V. Sweringen, Fort Wayne, Indiana: Dr. C. T. Melsheimer, of Bluffton, Indiana, one of the most prominent and respected practitioners in this State, and an old subscriber and contributor to the REPORTER, died at his home on August 27th, 1887. While he was a pioneer, belonging to the old class of physicians, he kept pace with the progress of the profession, was a student by nature, intent upon solving the problems which have been hitherto unexplained. A man of sound judgment and a modest gentleman withal, he enjoyed the supreme confidence of the laity and a large and lucrative practice.

DR. GEORGE BRUNDAGE.

Dr. George Brundage, of Factoryville, Pa., was accidentally shot on September 9th, 1887, by a friend who was handling a pistol which he did not know to be loaded. He died in about twenty minutes. An examination showed that the ball had entered the stomach, perforated the bowels, and taken a downward and backward course. Dr. Brundage was 36 years of age. He was one of the most prominent citizens of Factoryville, and was well known throughout the neighboring counties. He was married and leaves a wife and three children.

Resolutions.

DR. EDWARD WILLIAM GERMER.

A special meeting of the State Board of Health was held on Thursday, September 1st, 1887, at the Executive Office, No. 1532 Pine street, Philadelphia, to take action in reference to the death of late President of the Board, Dr. Edward William Germer, of Erie, when the following resolutions were adopted:

Resolved, That this Board has heard with profound regret of the decease of its valued fellow-member and late President, Dr. Edward William Germer.

Resolved, That, in a thorough and intelligent understanding of the principles of State hygiene, learned at the feet of Europe's earliest teacher in this most important branch of medical science, he had few equals; and in untiring energy, courage and self-devotion in their practical application, in times of public danger, no superior.

Resolved, That while the Board in its official capacity has lost an able, wise and faithful member, whose whole energies were devoted to the good of the people, as individuals we mourn the departure of one whose endearing social qualities and warm emotional nature made him a delightful companion and a true friend.

Resolved, That copies of these resolutions be forwarded to the daily and medical press and that a copy be sent to the bereaved family.

DR. N. ARCHER RANDOLPH.

At a special meeting of the Auxiliary Faculty of Medicine, held September 5th, 1887, in Biological Hall, University of Pennsylvania, the following resolutions were adopted:

Resolved, That this Faculty has received with the profoundest sorrow the intelligence of the sudden death of their esteemed colleague, Doctor Nathaniel Archer Randolph, late Professor of Hygiene in the University of Pennsylvania.

Resolved, That in the demise of Dr. Randolph this Faculty has been deprived of a most faithful and zealous co-worker, endeared to them by the uniform courtesy and gentleness of his deportment, and that the University has lost a Professor of great merit and of brilliant promise, and one most acceptable to the students under his charge.

Resolved, That this Faculty begs to tender to the widow and family of their late colleague the sincerest sympathy and condolence in this afflictive bereavement.

Resolved, That these resolutions be published in the medical journals of this city, and that a copy of them be forwarded to the family of our deceased colleague.

J. T. ROTHROCK, M.D.,
Philadelphia, Sept. 12, 1887. Dean.

There have been no changes in the Stations ana Duties of Officers serving in the Medical Department, U. S. Army, from September 11, 1887, to September 17, 1887.

Changes in the Medical Corps of the Navy for the week ending Sept. 17, 1887:

P. A. Surgeon Richard Ashbridge, detached from "Constellation" and ordered to the Naval Academy, Annapolis, Md.

Surgeon Joseph G. Ayers, detached from Torpedo Station, and to await orders.

Surgeon John C. Wise, ordered to relieve Surgeon Ayers at Torpedo Station.

Medical Director Samuel T. Coues, detached from Hospital, Chelsea, Mass., and placed on retired list, Sept. 17, 1887.

Surgeon George P. Bradley, leave of absence extended six months, with permission to remain abroad.

Official List of Changes of Stations ana Duties of Medical Officers of the U. S. Marine Hospital Service, for the week ending Sept. 17, 1887:

W. H. H. Hutton, Surgeon, granted leave of absence for thirty days, Sept. 15, 1887.

George Purviance, Surgeon, granted leave of absence for thirty days, Sept. 13, 1887.

S. T. Armstrong, P. A. Surgeon, granted leave of absence for thirty days, Sept. 13, 1887.

A. H. Glenan, P. A. Surgeon, to proceed to Charleston, S. C., for temporary duty, Sept. 15, 1887.

J. H. White, Asst. Surgeon, granted leave of absence for twenty-seven days, Sept. 13, 1887.

Norman Seaton, Asst. Surgeon, granted leave of absence for twenty days, Sept. 16, 1887.

F. C. Heath, Asst. Surgeon, to proceed to Mobile, Ala., for temporary duty, Sept. 15, 1887.